



DCPsych thesis

Exploring the relational impact of CSA in the female adult survivor population in therapy: An existential perspective and phenomenological enquiry

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Final dissertation (Doctoral)

Exploring the relational impact of CSA in the female adult survivor population in therapy: An existential perspective and phenomenological enquiry

**Submitted to New School of Psychotherapy and Counselling and Middlesex University
Psychology Department in partial fulfilment of the requirements for the Degree of
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Abstract

This doctoral research project explores the lived experience of social relationships for adult women who have experienced a single episode of non-familial childhood sexual abuse (CSA) and who are in therapy. The literature review demonstrates that CSA is a common problem with serious psychological, social, and physical consequences. While the relational consequences of CSA feature in the existing research for women in therapy, there is a lack of published evidence of the lived experience of these consequences, particularly from an existential perspective. This study conducted a phenomenological exploration of this from the existential perspective by asking the research question ‘How do adult female survivors of a single episode of non-familial CSA experience relatedness with others in their social world?’ The study was centred on a sensitive and reflective approach in which eight purposely sampled individuals who met the carefully chosen and ethically guided inclusion criteria were interviewed by the researcher using a semi-structured conversational interview. Van Manen’s (1997) hermeneutic phenomenology was used to provide a deep understanding of the participants’ experience using the hermeneutic circle. The meanings identified in each interview were distilled into three essential themes. These were:

- The primacy of seeking relational safety;
- Social isolation and solitude; and
- Intentional social moderation.

This paper provides an understanding of how their relational interactions in the external world and the meaning of these interactions are affected by their earlier life experience. It adds context to the existing studies and reinforces the value of the therapeutic relationship for survivors of CSA. Recognition of these potential issues may help aid the construction of understanding and meaning of relationships for individuals engaged in therapy. Given the limited generalisability and the deliberately narrow inclusion criteria further research should focus on the experience of broader groups of survivors.

Statement of Authorship

This thesis was written by Candice O'Neil. The author was wholly responsible for the content and writing of the thesis and there are no conflicts of interest. Ethical clearance from the New School of Psychotherapy and Counselling and the Psychology Department of Middlesex University was given on 18 May 2022. It is submitted in partial fulfilment of the requirements of the New School of Psychotherapy and Counselling and the Psychology Department of Middlesex University for the Degree of Doctor of Existential Counselling Psychology and Psychotherapy.

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Keywords: childhood, sexual, abuse, trauma, CSA, relational, existential, isolation, safety, moderation

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Chapter 1. Introduction

This doctoral research project uses an existential lens to explore the lived experience of social relationships for adult women who have experienced a single episode of non-familial childhood sexual abuse (CSA) and who are in therapy. This is an area of interest that I developed while conducting existential psychotherapeutic support with survivors of CSA as part of my doctoral studies. I have attempted to build on the existing research base around this phenomenon while integrating sound ethical underpinnings into the methods, the approach used and what emerged from the structured interviews.

I conducted this research over several years during my training. During this period, I developed my understanding of the existential approach to counselling Psychology and the theoretical underpinnings of this approach. Concurrently, I furthered my therapeutic engagement with survivors of CSA and developed a perspective on the experiences different individuals subsequently faced.

This stimulated reading around the area. At first, this was opportunistic rather than methodical. I feel it is important to both reflect and present this. As this research adopts a Heideggerian approach to phenomenological exploration using van Manen's method (2014), I do not bracket my prior knowledge when exploring the participants' experience (Neubauer et al., 2019). I, therefore, feel it is important to show my background reading in this document, as while much of it could be considered dated, it has helped inform this research. This contributes to the reliability of this qualitative research; it helps demonstrate the replicability of the process I engaged with as a researcher, both before and during this research (Heinonen, 2015).

The Independent Inquiry into Child Sexual Abuse research team (Fisher et al., 2017, p.10) defines CSA.

Sexual abuse of children involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening.

The activities may involve physical contact, including abuse by penetration or non-penetrative acts (such as masturbation, kissing, rubbing and touching outside clothing). They may also include non-contact activities such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse including via the internet. CSA includes child sexual exploitation.

The growing reported prevalence of experiences of CSA has long been recognised (Finkelhor, 1979). This long-term recognition justifiably continues to be highlighted and disseminated and influences public policy planning to continue to assess the scale of victimisation and identify ways to deter perpetration.

The Centre of Expertise on Child Sexual Abuse reported that in 2022/23 local authority children's services recorded concerns about CSA in 33,760 assessments of children (Karsna & Bromley, 2024). Typically, such retrospective data underrepresents the true prevalence and may exclude many individuals who have not reported their traumatic experiences to professional authorities and services, and different agencies may apply different definitions of CSA making comparisons difficult (Karsna & Bromley, 2024). The Centre estimates that at least one in 10 children in England and Wales are sexually abused before the age of 16 and that while under-eighteens make up one-fifth of the population of the UK, they experience two-fifths of the episodes of sexual abuse (Karsna & Bromley, 2024). Estimates of the lifetime incidence of experiences of CSA in the UK are thought to stand at around 3.1 million (ONS, 2020). Perpetrators can be men, women, strangers, friends, family, people of any sexual orientation, and any socioeconomic class or cultural background (Cromer & Goldsmith 2010). This demonstrates the vast variety of circumstances in which CSA may happen and the varied relationships it can involve and adds a greater understanding of the perpetration of this challenge in society (Maltz, 2002).

CSA survivors are at the centre of these traumatic experiences but in line with the variety of circumstances in which the abuse occurred, they are not a homogeneous group (Fletcher et al., 2021).

The Centre reports that ‘only a small minority of sexually abused children come to professionals’ attention at the time the abuse is taking place’ (Karsna & Bromley, 2024, p.11). There is a high probability of underreporting and considerable international ambiguity relating to the definition of CSA (Ondersma et al., 2001). Children may lack the knowledge or understanding to be able to report their abuse experiences and may instead exhibit signs that something is wrong, which may go unrecognised by professionals (Karsna & Bromley, 2024). Evidence demonstrates the considerable burden of untreated sexual harm across communities with much of it among children who may not disclose their experience until later in life, if at all (McElvaney, 2015). If a child does disclose their experience, it is unlikely to be to a professional, which contributes to underreporting (Karsna & Bromley, 2024). Most adult survivors experience negative consequences from their experience of abuse (Blakemore et al., 2017; Cashmore & Shakel, 2013). This includes a greater incidence of medical, behavioural, interpersonal, psychological, socioeconomic and social difficulties (Fisher et al., 2017; Maniglio, 2009).

An effective therapeutic relationship is globally recognised as an important factor for CSA survivor recovery (Olio & Cornell, 1993). It is described as ‘probably the single most important factor’ in treating survivors of CSA (Olio, 1989, p.98). Chouliara et al. (2012) report that the relational realm of recovery is fundamental to the individual.

Given such a high percentage of people who have experienced CSA and its high incidence of psychological sequelae (Fisher et al., 2017), it is likely that a notable proportion of people seeking therapeutic support will have experienced CSA. Of the growing number of psychotherapeutic treatment options, there is an increase in those engaging with existential therapy which has roots in Western philosophy (Bakewell, 2016). Existential therapies are reported to create a rich tapestry of meaning-focused therapy which can enable survivors of CSA to heal and attend to the resultant challenges from CSA (Cooper, 2003a). Existential psychotherapy’s main value lies in its attempts to descriptively clarify an individual’s worldview so that it is explicit and implicit, while sedimented dispositional stances can be re-examined inter-relationally. Existential phenomenological therapy is

also often reported to facilitate agency, which might have been lost at a stage of the traumatic experiences.

Socarides and Stolorow (1984/1985) report the tendency for painful affective experiences to create a disorganised self-state which is seen to originate from faulty affect attunement, with a lack of mutual sharing and acceptance of affect states. This means the relational effect of CSA may be highlighted but distantly considered concerning the individual survivor's adult relationships from an existential perspective. As Spinelli (2006) touches on the relational world from the stance of the therapist, further consideration could be given to how CSA survivors themselves make sense of their relationships by using their unique agency in their adult world.

Survivors' voices should be key in the understanding and ongoing treatment of this painful and life-altering traumatic experience. This study advocates for the autonomy of experience, a deeper, richer understanding, and a collaborative approach to understanding CSA in which the survivors co-author the effect of their experience. This study seeks to move away from pathologising resultant challenges and seeks to understand an individual's social world after experiencing CSA.

1.1 Personal Interest

I have always felt that I am a highly empathic individual. As the daughter and granddaughter of Registered Nurses, it felt natural and authentic to me to pursue a caring profession. I spent 13 years working as a registered nurse, supporting the community of Coventry, Warwickshire and Leicestershire. However, I originally aimed to be a psychologist and secured a place on a Clinical Psychology course after my A-levels. Unfortunately, I did not get the expected grades and subsequently pursued a career in nursing. On reflection, I perhaps would not have been ready for a career in Psychology at this point in my life; I needed to learn about myself and the world. Nursing helped with this as it provided me with a range of transferable skills and suited my caring nature. However, it left me feeling conflicted and unfulfilled at times due to the constraints and limitations of the care that could be offered to people with complex multidisciplinary needs. In my most recent post, I came across individuals who had experienced CSA and female genital mutilation. Both these and

other conditions caused clear emotional and psychological consequences for the individual and their families and yet the support that could be offered in the confines of my nursing role was extremely limited. Subsequently, I undertook two master's degrees. The first was in Healthcare Leadership and Management to help me better understand how complex systems of care work, and the second was in Psychology. My clear intention following my experiences was to return to my original aim of a career in counselling Psychology where I felt I could be of real help to individuals like those I had met.

I secured a place at NSPC to study for a Professional Doctorate in Counselling Psychology. I sought to find a clinical practice placement that supported individuals who had experienced abuse. I successfully gained one with a charity that supports adult survivors of CSA. The therapeutic approach used was the trauma-informed approach and this placement remains my most valuable clinical experience to date and where work has felt most meaningful and given me a sense of purpose.

My work with adult survivors of CSA was illuminating with respect to the resultant challenges to the individual in their interpersonal and social world in a way. The person-centred approach advocated by the placement did not seem to account for a depth of exploration and self-advocacy of the challenges in the way that the existential approach may have. I felt that the existential approach better aligned with this population, as in addition to highlighting a range of challenges for the individual, it seemed to allow them to create meaning, autonomy and agency over their experiences, their therapy and life. As I engaged with further practical work and orientated assignments around CSA, I became more critically reflexive in my ability to attend to the client and their relational difficulties.

For some survivors of CSA, the trauma has overwhelmed their self-structure and has affected their worldview, especially relating to others. In one survivor's voice: 'What he did to me affected my whole life, every relationship, my personal identity, and the general trajectory of my life's path. CSA manifested in all aspects of my life' (One in Four, 2015, p.16). Through robust processes, it is hoped that manifestation is shown in the participative narrative accounts.

Existentialism allows validation of clients' feelings of discomfort and their need for interpersonal confirmation. Existentialism perceives these feelings as intelligible, meaningful and entirely valid ways of experiencing the world (van Deurzen, 2002). Since proposing this research and especially the initial recruitment process, I also came to realise the value to participants of feeling able to share their experiences in the safe confines of the study and I observed it to be hugely empowering for them to feel as though their experiences could have value for others. I did not anticipate this during the early planning stages, but I received direct survivor feedback that strongly suggested that participating in the study was meaningful. As part of my own ongoing reflection in respect of this study, I feel that participation could be healing for those involved, and was facilitated by a research process which acknowledged the sensitive nature of their experiences and allowed them to uphold a sense of autonomy over their experiences and participation.

1.2 Research Aim

The research aim is to use a hermeneutic phenomenological approach to explore the relational challenges female survivors in therapy may face following experiences of CSA. Thompson and Caulkins (1996) state that emotional regulation should extend beyond the self to relationships with others, while Kierkegaard (2005), an existential philosopher, opined that 'life must be understood backwards but lived forwards'. Similarly, van Deurzen (2002) stressed the importance of exploring the structural relationship of the individuals understanding of how they interact with and perceive the natural world. This research aims to bring these perspectives to the understanding of the lived experience of CSA survivors. The survivor voices and narrative are central to the study and supported by hermeneutic phenomenology. It allows for the researcher's thoughts and considerations in the analysis. In this sense, this research allows for a relational dynamic to be a key feature of the study.

CSA may produce trauma across the lifecycle (Fisher et al. 2017; Banyard, Williams & Siegel, 2001) and widespread cognitive and emotional challenges to the individual (Fisher et al. 2017; Mickelson et al., 1997). This reflects my placement experience, where I have used clients' experiences, my placement clinical lead, others in my organisation, fellow agencies and key texts as a

knowledge base (Sanderson, 2006). Trauma re-enactments are commonly experienced and can manifest as re-victimisation, self-harming behaviour, self-victimising and externalising the trauma by victimising others (van der Kolk et al., 1996). This has been reported in individuals who have experienced CSA (Fisher et al. 2017). My experience has emphasised the relational realm in both processing and subjective understanding of the trauma of CSA.

1.3 Research Question

The overarching research title guiding this study is:

Exploring the relational impact of CSA in the female adult survivor population in therapy; An existential perspective and phenomenological enquiry.

This, along with ethical considerations (see ethics section), informs the research question:

How do adult female survivors of a single episode of non-familial CSA, who are in therapy, experience relatedness with others in their social world?

1.4 Clinical Relevance

Existential practitioners ‘should’ be comfortable with a wide range of client issues (van Deuzen, 1997). This requires recognition of the growing awareness of CSA and explorative literature aligned with the existential approach and CSA experiences within a theoretical base to support practice.

1.4.1 CSA in Psychology and Psychotherapy

As reflected in the title, each participant involved in this study must currently have professional psychotherapeutic support with the aim of mitigating any potential impact of participation or possible retraumatisation. Early therapeutic intervention helps prevent negative short or long-term consequences of CSA (Trask et al., 2011). Ungar (2013) emphasised the importance of contextually relevant protective factors and a facilitative environment to enable resilience. He defined resilience from a social-ecological perspective as ‘the capacity of both individuals and their

environments to interact in ways that optimise developmental processes' (Ungar, 2013, p.256). This could include the therapeutic environment or study participation, the latter in a co-facilitated manner. Protective factors associated with resilient outcomes in CSA survivors' histories support this and reveal the existence of individual and contextually relevant protective factors. Social and familial support, both overall and particularly after disclosure, significantly correlates with resilient outcomes. Experiences of CSA might not feature as the central concern for the client and indeed there is the potential for such experiences to be revealed much later in the therapy. However, Olio and Cornell (1993) suggest an effective therapeutic is of paramount importance in the treatment of CSA survivors.

Chouliara et al. (2011) highlight the dearth of research on survivors' perceptions of treatment efficacy. It is vital to understand how survivors may experience talking therapies because of the relational difficulties they may have (Chouliara et al. 2011). The counselling relationship can mirror relational aspects such as trust, consistency, and authenticity in a client's social world (Walker et al., 2011). A more phenomenological, holistic and nuanced understanding for individuals would better enable the individual to realise their full potential, freedom and choice beyond CSA and move practitioners and survivors away from typical associations of CSA, such as it being concealed in shame presentation (Nelson, 1998). Skilled and professional support is crucial to the individual adult survivor's ability to process, heal and achieve post-traumatic growth after their experiences. Survivors are more likely to accept additional victimisation by others and this vulnerability to be repeatedly re-victimised may result from a general vulnerability in dangerous situations and to exploitation (Baram & Basson 2007). Coinciding with this as a foundational principle of any therapeutic support is the facilitation of a trusting and safe relationship between practitioner and client. A meta-synthesis exploring healing for sexual violence survivors concluded that understanding experiences, rather than developing positive or adaptive coping strategies, was most helpful for survivors (Draucker et al., 2009).

1.4.2 Adult Attachment and CSA

CSA is an extreme traumatic event that is associated with the impediment of basic interpersonal structures of attachment (Rumstein-McKean & Hunsley, 2001). Secure attachment may be a protective factor in CSA in adults (Aspelmeier et al., 2007). Individuals who were older when CSA ended or received good maternal support report higher rates of emotional stability in adult life (Goodman-Brown et al., 2003). Women who experienced CSA are more likely to experience severe attachment disturbances and acute episodes of social maladjustment (DiLillo, 2001).

Anxious individuals preoccupied with relationship partners and attachment-related concerns are theorised to be hyper-vigilant to information that could result in attachment system activation (Cassidy, 1994, 2000). Polusny and Follette (1995) suggest that those who experience CSA are likely to be highly avoidant with regard to relational closeness, which makes it difficult to be emotionally close and motivates them to avoid forms of relational intimacy. Similarly, based on their clinical practice experiences, psychological practitioners suggest that CSA survivors report attachment insecurities and sexual compulsion or avoidance problems (Aaron, 2012; Cloitre, et al., 2005; Godbout, et al., 2013). Individuals who are avoidant of social integration defensively regulate the processing of potentially distressing information (Bowlby, 1980). This generalisation does not allow for exploration and phenomenological understanding of the individual's unique experience and the nuanced meaning structure in these individual experiences.

1.4.3 The Interpersonal Experience of CSA

CSA is a complex type of interpersonal trauma because love and exploitation are often co-mingled, and the abused person may be shamed, silenced, blamed or met with disbelief when they disclose their abuse experience (Nasim & Nadan, 2013). CSA takes place in a relationship of position, power of inequality and exploitation of vulnerability (Mathews & Collin-Vézina, 2019). Existential philosophy shows the world of the self and others viewing them as uniquely interlinked.

CSA experiences affect psychological distress and associated disturbance in women's cognition (Davis & Petretic-Jackson, 2000): 'What he did to me affected my whole life, every relationship, my personal identity, and the general trajectory of my life's path. CSA manifested in all aspects of my life' (One in Four, 2015, p.16). Girls are reported to be more likely to experience CSA, while male survivors are reported to be less likely to report the abuse experience (Karsna & Bromley, 2024). However, this should be put in the context of differing health behaviours, gender stereotypes and potentially differing gender-based definitions of CSA which may conceal the real incidence and prevalence. Regardless of this, the incidence does not define the effect on the individual. Saha, Chung and Thorne (2011) maintain that an individual's sense of self is irrevocably changed through CSA leading to low self-esteem and often a sense of unworthiness (Finkelhor, Hotaling, Lewis & Smith, 1990). Consistent with existential philosophy is the idea that human potential is boundless with the opportunity for growth and healing possible through the process of increasing awareness of one's experience of self, of others and of the world (Frankl, 1967). Similarly, self-esteem and self-efficacy are important personal resiliency resources that limit the negative and harmful impacts of trauma on the individual (Hobfoll, 1998). The most important part of this research is gauging a deeper understanding of individual experiences of CSA and adult relationships from a uniquely phenomenological perspective of self-reporting.

Williams (2017) published a thesis that explored the experience of women attending a specialist psychotherapy service for survivors of CSA. In this study were several aspects that were of interest to this study. Firstly, as a qualitative study using IPA, it showed a valuable exploration of the ten participants' experiences. The themes identified were forming the therapeutic alliance, the therapeutic journey and the experience of finding their voice. As this was a study of women receiving therapy, it was relevant to this study. The first theme was most relevant to this journey as it highlighted the importance of this, partly from a relational sense with the importance of this relationship from the formation of the therapeutic alliance to its ending, with attunement in this relationship felt to be very important for the participants.

The study was conducted at a London specialist clinic. The clinic offered three treatment modalities: psychodynamic psychotherapy, art therapy and group therapy. In reviewing these therapies, Williams (2017) offered insight into the evidential background. For psychodynamic therapy, she noted some small uncontrolled trials that showed some benefit but commented on the need for larger studies to verify these studies. For art therapy, she felt that there was some recognition of benefit but noted that a consistent limitation in the literature was the absence of control groups and small sample size. For group therapy, she commented that despite some evidence of effectiveness, there was still debate over its utility in the population. This highlights the limited evidence base for specific treatment modalities for survivors of CSA, while also recognising the benefit of engaging with this valuable supportive service.

Individual participant narratives could be fundamental to a broader understanding of how relationships are affected post-CSA. Bandura (1997) defined self-efficacy as an individual's sense of agency or the belief about abilities to exert control over the self and the environment. Participants in the study needed to be willing to confront, with introspection, how they experience their social world. However, the act of participation may not be neutral. Before conducting the main study, I conducted a preliminary study. The participants in the preliminary study reported participation to be 'therapeutic' and healing and interpreted to achieve a sense of freedom and agency after the trauma.

1.4.4 Interpersonal Relationships and CSA

Attachment theory highlights how experiences in close relationships can profoundly influence perceptions of the social world (Bowlby 1969). CSA is secretive in nature and usually consists of a series of traumatic events that occur in the context of interpersonal relationships (Finkelhor, 1990/1994). The quality of survivors' interpersonal relationships is instrumental in mitigating or compounding the effect of CSA (Knott et al., 2014). Shame and guilt are both intrapersonal consequences of such trauma, but are often subconsciously expressed through interpersonal relations (Engelhard et al., 2007). A broader study into adulthood adjustment after CSA found it to be linked to

poor socialisation and general relational problems (DiLillo, 2001). It has also been linked to negative intimate relationship outcomes, including decreased satisfaction in romantic relationships, intimate partner violence and sexual assault in adulthood (Heiman & Heard-Davison, 2004; Testa et al., 2005). However, MacIntosh and Johnson (2008) describe how survivors' self-awareness and determination for stable attachments, connection with others and relationships can provide healing in the present for past wounds.

1.4.5 The Existential Perspective on Trauma Experiences

Socarides and Stolorow (1984/1985) describe how the tendency for painful affective experiences to create a disorganised self-state is seen to originate from faulty affect attunement, with a lack of mutual sharing and acceptance of affect states. A consequence of developmental trauma is a narrowing of the horizons of emotional experiences (Stolorow, Atwood & Orange, 2002). An existentialist uses fundamental philosophical questions that underpin the way the world is perceived and the psychological and the therapeutic process is the experiencing of one's existence, and the individual client's identity is understood to be dynamic, fluid and a process (Boss, 1994; Cannon, 1991; Cohn, 1984). Rather than pathologising the client, existential therapy 'does not seek to cure or explain, it merely seeks to explore, describe and clarify in order to try to understand the human predicament' (van Deurzen, 1997). Trauma is increasingly recognised not as a specialised field, but a fundamental aspect of human experience (Gold, 2008). Van der Kolk's (1996) statement of 'traumatised people lead traumatic and traumatising lives' inherently includes the social world. Frankl (1992) emphasised that the true meaning of an individual's life is something that must be discovered by activity in the world through social interaction, not solely through introspection, yet, with a deeper understanding of the benefits of being able to reflect on their reality in the world (May, 1983).

Boaz (2022) provides an updated approach to understanding the experience of interpersonal trauma that highlights the existential movements that occur during traumatic 'experiencing'. This builds on an existential understanding of the horror that emerges from the incomprehensibility of

reality and the terror that arises from the anticipation of future confrontations with reality (Herman, 1997). He suggests people consider the entirety of their human experiences in the past and present, and how they (dis)illusion themselves in their existence (Boaz, 2022). He encourages confrontation with reality while encouraging willingness to experience new modes of existing and discovery and allowance for surprise, wonderment and joy (Boaz, 2022). He advocates working to establish and develop communication to help equalise power and establish trust and safety. This therapeutic experience involves going beyond the existential limit that may be imposed by the reactive development of survivalism and survivorism as a mode of existence following trauma. It can be described as a crossing place between worlds or modes of existence, with the call to change a lived modality and discover an unknown mode of existence (Boaz, 2022). This recognises the intertwining of physical and perceptual fields with that of others and the potential for reversible entanglement, which can be incorporated into communicable syntheses of future possible activities and bodily states.

Wilmhurst (2020) describes an integrated existential framework for trauma theory that addresses the physical, relational and intrapersonal aspects of trauma. It acknowledges that existentialism provides an important supplement to more commonly applied trauma theories as it acknowledges the intangible effects of trauma on meaning, mortality and identity. This recognition of the potential role of an existentialist framework highlights the potential benefit of addressing the depth of the effects of trauma and suggests a benefit to the eclectic but well-structured practices that may result in conceptualising and treating trauma. However, Wilmhurst (2020) does recognise the challenge of this to practice, both in how to focus its application in its philosophical history and how to empirically demonstrate its efficacy.

Existential perspectives on trauma experiences can also challenge traditional paradigms on how traumatic experiences can be viewed. For instance, Bromley (2024) challenges the stereotypical sexualisation of adolescent girls. She challenges voices and movements in popular culture that encourage this or excuse the behaviour of paedophiles and the views that may have predominated in organisations around national scandals such as child sexual exploitation in Rochdale. She situates this

with the Lolita myth and by casting the existential eye on the experience of the child rather than the adult in that story, encourages the reader to consider her voice, her experience and what the process of being groomed is like for this child who is fictional but who bears many similarities to real life children. As a society, we are perhaps moving to a greater understanding of this, with the condemnation of even very famous people implicated in sexual offences against children (Lewis, 2019)

There is increasing research into trauma experiences from an existential perspective. For instance, Fraser (2021) used structural existential analysis to explore how inner dialogue is experienced by rape survivors. This in-depth research concludes that inner dialogue is a multifaceted innate phenomenon. This represents a move away from pathologising it as a symptom of mental illness. It demonstrates that the experience of rape is not isolated, but it can invade all areas of a person's life. It recognises that healing is unique to each individual and that the environment created by society's perceptions of stigmas, stereotypes and rape myths impede this healing.

1.4.6 The Context of CSA

CSA can occur across a range of situations. It can occur in a family group, which may be cross-generational, as an isolated incident or repeatedly (Thukral & Rodriguez, 2018). Intra-familial CSA refers to that which occurs in the family environment (Scott, 2023). Definitions of family in the literature may vary, as abuse may involve biological relatives or others such as foster carers or a parent's partner who feel like family from the child's point of view (Horvath et al., 2014). As families vary, perhaps the best definition comes from whether the child viewed the abuser as family (Scott, 2023).

Traditionally, familial abuse is believed to have more severe or more pervasive consequences than non-familial abuse (Thukral & Rodriguez, 2018). Beichtman et al. (1991), when conducting a review of the short-term effects of CSA, found frequency and duration of abuse, abuse involving penetration, force, or violence, and a close relationship to the perpetrator to be the most harmful in

terms of long-lasting effects on the child. They commented on how difficult it is to determine the specific impact of sexual abuse over and above the effects of other environmental factors, methodological weaknesses in many of the studies they reviewed and the impossibility of determining a specific course or outcome for survivors of CSA.

Sneddon et al. (2016) published a review of the evidence around the response to survivors of CSA. They identified the age of the victim when the abuse occurred, the frequency of abuse, its duration, the relationship with the perpetrator and the type of abuse as factors that might potentially influence the outcome. They also highlighted other concurrent forms of abuse as being common along with disadvantage or poverty. They comment on how this can make the unique effects of CSA difficult to clarify. They comment that, while it is thorough, it is not a formal meta-analysis of all the available research, perhaps lessening its impact.

Ullman (2007) used a convenience sample of 733 college students to investigate the relationship to the perpetrator, disclosure, social reactions and PTSD symptoms in CSA survivors. She found that the relationship with the perpetrator was related to CSA characteristics and outcomes. More negative reactions such as disbelief were observed for those victimised by relatives compared with acquaintance and stranger victims, especially for those disclosing in childhood. Victims of relatives had more PTSD symptoms if they delayed disclosure, received more negative reactions in childhood, and engaged in self-blame at the time of the abuse. As this sample was not random, uncontrolled and of a specific population, its generalisability and reliability are limited.

The rationale for the likelihood of worse outcomes for familial CSA is centred on the role of the family in the development of the child, in the relationship of trust and in the framing of various phenomena in life (Thukral & Rodriguez, 2018). Familial abuse may involve the abuser manipulating or silencing the child and may occur in an environment with the threat of harm to other family members or normalisation of the behaviour, while the child might even not want their abuser to get into trouble (Scott, 2023). Scott (2023) notes that CSA often occurs in the family along with other forms of abuse, complicating the interpretation of the outcomes and identifies distress to the child

caused by feeling responsible for their family's distress in the aftermath of the CSA. This highlights the need for effective support.

Vera-Gray (2023) highlights that no two survivors of CSA are affected in the same way. This perhaps contributes to conflicting findings in other research. Maniglio (2013) conducted a systematic review of reviews of the role of CSA in the aetiology of anxiety disorders. This review of over three million subjects in 171 studies stated that CSA should be considered one of several risk factors for anxiety disorders. It did not identify any specific factors linked to the context of the CSA that would make adverse outcomes more likely.

Similar results were found in a meta-analysis conducted by Paolucci (2001) of 37 studies involving over 25 thousand people. She found no statistically significant differences when various potentially mediating variables such as gender, socioeconomic status, type of abuse, age when abused, relationship to perpetrator, and number of abuse incidents were assessed.

As meta-analyses, both these studies while involving large numbers of participants are potentially undermined by possible non-homogeneity and assumptions that may have been necessary to combine data across studies. This aligns with the uniqueness of experiencing following CSA but may also reflect difficulties in gaining a true picture of the scale and depth of the effects of CSA due to the secretive nature of the experience and associated potential shame (Vera-Gray, 2023). This explains why the centre of expertise on CSA uses the words 'may influence' when discussing the effect of familial versus non-familial CSA and the duration of the abuse on the outcome (Vera-Gray, 2023).

Overall, this creates a complex and inconclusive picture, with clear evidence of psychological sequelae following CSA, but a lack of consensus around contributory factors to potential distress relevant to this study. In particular, the role of familial versus non-familial CSA and the frequency and duration of abuse are unclear. This demonstrates the need for caution around the risk of retraumatisation when researching individuals who have experienced CSA.

Chapter 2. Literature Review

Crosswaite and Curtice (1994) state that research demands accountability from researchers, which means that there is a need to ensure the best possible use of research results. The formal literature review therefore follows on from my background reading and accumulated knowledge and experience documented in Chapter 1. I recognise the need to continuously review the stages throughout the research process. Activities can be initiated during the planning stage and later refined subsequently (Finfgeld-Connett & Johnson, 2013).

The literature review used an inductive path of revising the search at regular intervals to ensure the quality, and identification of relevant research (Timmins & McCabe, 2005). It was approached methodologically using the Templier and Pare (2015) six-step approach (Table 1).

Table 1. Templier and Pare's six-step approach (2015)

Step	Approach
1	Formulating the research question(s) and objective(s)
2	Searching the extant literature,
3	Screening for inclusion,
4	Assessing the quality of primary studies,
5	Extracting data,
6	Analysing data

2.1 Systematic Literature Search

The search was carried out via Middlesex University in EBSCO research databases using CINAHL, Medline, APA psych articles and APA PsycINFO between March 2021 and December 2024 following consultation with my research supervisors. This was to ensure that the highest quality available research published from reliable sources would be found. The search terms are shown in Table 2. Search options selected were Boolean logic, linked full text, peer-reviewed, references available, written in English, published between November 2014 and November 2024 and examining

adulthood and female subjects. I allowed expanders (apply equivalent subjects) and the search mode selected was proximity.

Table 2. Search terms and results

Box	Search	Results
1	Child* sexual trauma or child* sexual abuse or CSA or child* sexual assault	714
and 2	Relation* or isolat* or lone* or seclusion or solitude or desolation or alone*	322
and 3	therap* or psychotherap* or counsel* or treat*	196
and 4	existential* or hermeneutic	2

The search terms were discussed and approved by my supervisors in line with step 2 of the Templier and Pare approach. In determining the terms to use I paid particular attention to the research title and determined how to find the most relevant high-quality research. I hierarchically approached this from the title. For each box, along with input from my supervisors, I selected similar terms to attempt to define each component of my research title; the population (box 1), the current experience (box 2), the involvement with therapy (box 3) and the approach of the research (box 4). Box 1 in Table 2 shows the terms used to determine the overall population to be studied. To better define this population, I used the limiters ‘female’ or ‘women’ and selected the adult age ranges for each database. I then determined terms that might describe relational experiencing for box 2. Box 3 was used to try to narrow down the studies to participants in therapy. Finally, box 4 was used to attempt to identify papers with an existential focus.

Unfortunately, this identified only two papers and an examination of the titles showed that only one was relevant: Pulverman et al. (2016). The other was related to male participants. This demonstrated that the search terms and limiters would produce results that were outside the remit of my intended search.

As this was clearly an inadequate result, I examined the results not including the terms in box 4. Of the 196 papers identified by the search, 162 were available. This would have resulted from duplication across the databases.

I next moved on to examine the titles of each paper for relevance in line with step 3 of the Templier and Pare approach. I examined the subject matter, the population, the modality of any research approach and any interventions recorded with the participants and omitted papers related to other forms of abuse or studies that were indirectly associated with the search terms. I did not exclude papers that used a non-existential approach and considered mixed-gendered populations. This reduced the relevant papers to 50 but this included some whose relevance was unclear. I then examined each paper's abstract. If the relevance was clear, I selected the full document for later analysis, and if it was clear it was not relevant, I did not. For 18 of the papers, the relevance was unclear so I examined them in more detail to clarify whether relational consequences were considered in relation to CSA experiences where I could not establish this from the abstract. None of these papers were relevant when the population and outcomes were examined in detail. This reduced the number of papers to be included in further analysis to 20.

2.2 Review of studies

To aid interpretation of the studies I grouped studies into similar topics.

2.2.1 Parental relationships

Given the complex situation of intra-familial dynamics that can occur following survivor experiences of CSA, those studies exploring the challenges that mothers with a history of CSA could face as parents would be interesting and explore the psychological and interpersonal consequences of their situations (DiLillo & Damashek, 2003).

Allbaugh et al. (2014) conducted an exploratory factor analysis of domains of parenting concern among mothers who were CSA survivors. It aimed to build on existing knowledge in this area and recognised previous work which identified that survivor mothers may have more negative feelings about themselves as mothers (Banyard, 1997), have lower perceived parental confidence (Cole, Woolger, Power & Smith, 1992), and feel they lack appropriate parenting role models. This study used a parenting attitudes questionnaire to examine these findings in more detail. It used 60 self-

identified participants who reported their abuse experiences and completed the parenting attitudes questionnaire, the Center for Epidemiologic Studies Depression Scale and subscales of the Parenting Stress Index and the Parent-child Relationship Inventory. It identified three primary factors as robust predictors of parenting outcomes: concerns regarding the child's sexuality and safety, boundary disturbances in the child-survivor relationship and lack of energy for parenting. The paper is well presented, follows a robust reproducible methodology and the processes are clearly described. The conclusions appear logical and they align with and build on the existing literature. However, it used a purposeful sample of only 60 American volunteers and lacked a control group. The mothers self-identified as having experienced CSA of varied severity and other difficult childhood experiences. This presented a heterogenous group, something which was recognised by the authors and limits the paper's reliability and generalisability and consequently, the authors suggest further research on more well-defined groups of CSA survivors.

Zeglin et al. (2015) asked an interesting question in their paper: Does having children moderate the effect of CSA on depression? It asks this from the basis of recognising the high rates of depression in mothers who have experienced CSA (Maniglio, 2010). It highlights the extensive research into the negative outcomes for CSA survivors but goes far less into protective factors. The authors note that protective effects of motherhood have been found for other chronic conditions and so ask this question in the context of depression after CSA. They use public-use data from the US-based National Longitudinal Study of Adolescent Health Wave IV for 5,114 participants with a mean age of 29 which was collected in 2007. The methods are well-explained and reproducible, follow a logical pattern and are clearly defined. However, retrospective data was used that was not designed to answer the research question prospectively and scaled answers were divided into yes and no categories for whether CSA occurred and whether individuals were depressed, although evidence was provided for how this was done. These allowed statistical analysis of these binary groupings of individuals who may have very different severity of depression or experiences of CSA. This showed a statistically significant effect of motherhood as a protective factor against depression following CSA.

This represents a novel protective factor. The authors suggest holistic reasoning for the findings based on biological and psychosocial explanations, but recognise the limitations in the data collection, in particular, the heterogeneity of the groupings, and suggest further research to validate the findings.

Haiyoso and Trepal (2019) examined how adult female survivors of CSA navigate parenthood. They sought the meaning attributed to the phenomenon for nine survivors using narratology. They identified three themes: negotiating a balance of protecting and letting go, using relational images as guideposts for parenting decisions and exploring functioning in a relational context. Of the studies in this section, this one bears the most similarities to my research and supports the importance and complexity of the relational realm for adult female survivors of CSA. The paper acknowledges prior research, has a well-reasoned rationale for its approach and highlights the role of stories in learning about people (Hays & Singh, 2012). They report how the narrative research tradition emphasises storytelling as a relational activity (Riessman, 2012). The nine participants were opportunistically sampled using criterion and snowballing techniques. The authors identified their methods clearly, including a semi-structured interview format with open-ended questions, provided demographic information on the participants and explained how they conducted narrative thematic analysis and achieved trustworthiness. They reported on their reflexivity and biases. For each of the themes, they provided narrative examples with a clear explanation of their analysis. This represented extremely well-conducted qualitative research.

These three studies build on the pre-existing research and recognition of challenges in parenting for female survivors of CSA (DiLillo & Damashek, 2003). Allabugh et al. (2014) demonstrate the relational difficulties that these individuals may face, while Haiyoso and Trepal's (2019) narrative exploration provides a nuanced narrative around the participants' relational parenting experience and Zeglin et al. (2015) suggest a protective function of parenting for female adult survivors of CSA.

The relationship between the survivor of CSA and the abuser can be complex (Ullman, 2007). The three studies detailed here explore the adult relational consequences from this perspective.

Eisikovits et al. (2016) explored the current relationship of 20 adult female survivors of infrafamilial CSA with their abusers. This occurred in a population of Jewish-Israeli women between 2008-2009, with the interviews tape-recorded and transcribed verbatim. The researchers assumed a phenomenological attitude (Husserl, 1983) and sought to examine the data from the perspective of subjectivity and consciousness of the participants. Using this approach, the researchers assumed a phenomenological attitude and focused on specific instances that exemplified the phenomena. They used this to examine the data and explore it from multiple perspectives.

The participants were opportunistically recruited from organisations treating survivors of sexual abuse. They covered a wide age range from under 30 to over 60 and had varied educational and socioeconomic backgrounds. For two of the participants, their abuser had died. They all spoke Hebrew and were of European descent. Semi-structured interviews were conducted with open questions in locations chosen by the participants. These were recorded, transcribed and analysed. The authors analysed the data separately and together and, despite their professional experience, noted they became overwhelmed by the participants' harsh narratives of sexual abuse. They engaged with careful attempts at bracketing to allow the women's experience to be fully heard. The data analysis used 4 steps: reading each entire interview, breaking each interview down into units of meaning, a higher level of abstraction and phenomenological formulation and the findings were structured into key meaning and their interrelatedness. This produced two interrelated continua. The first related to the perpetrators' physical presence in the survivor's life, ranging from total absence to continuous presence and the second to the abuser's experiential presence ranging from complete dissociation to saturation. Examples are given, containing rich descriptive data that highlights the trauma of the ongoing relational involvement for some participants. The interpretations are logical and the examples given are harrowing, with notable reports of the abuse being covered up and other family members being complicit. The data is presented in a way that demonstrates the scope of the issue for these individuals, but it is very difficult to summarise such rich data concisely. It demonstrates and adds to

research on the complexity and trauma that surround infrafamilial CSA, particularly in the ongoing presence of the perpetrator.

Fitzgerald et al. (2023) ask, ‘Does forgiveness enhance or detract from relationship quality among sexual abuse survivors?’ They note the deleterious effects for women of CSA on adult romantic relationships and seek to explore whether forgiveness may be a protective factor that can buffer against this detrimental impact. In an opportunistic sample of 171 women, they used hierarchical regression to evaluate this. They reported a complex relationship, with forgiveness found to moderate the association between CSA and overall relationship quality and negative relationship quality, but not positive relationship quality. The relationship was found to be significant, but high levels of forgiveness decreased overall relationship quality. The participants were recruited from two American Universities and the Internet. An online questionnaire involving the Childhood Trauma Questionnaire (Bernstein et al., 2003), Trait Forgiveness Scale (Berry et al., 2005), Couple Satisfaction Index (Funk & Rogge, 2007) and Positive-Negative Relationship Quality Scale (Rogge et al., 2017) were used and small incentives were given.

Initially, 408 participants appeared to be recruited but 11 entries were removed due to missing data or multiple entries by the same participants. Of the 297 that remained, 171 were female and in a relationship. Attempts were made to control for other forms of maltreatment and mental health symptoms. The authors noted several limitations in the study including its cross-sectional nature, the population being non-generalisable and a lack of understanding of the concept of forgiveness (Fitzgerald et al., 2023). They suggest future research could look more specifically at forgiveness in the current relationship. Of note, no power calculation appears to have been done and with limited control over the population and the need to remove duplicate entries, the quality of the data being evaluated should be questioned. The effect of this paper is limited by the issues highlighted, which perhaps contributes to the complex results.

Lin et al. (2021) evaluated CSA survivors’ grief experiences after the death of the abuser. They used an in-depth phenomenological enquiry into the experience of the 16 participants. Although

they identified much research into grief and CSA, they identified only two papers that had explored this previously, albeit this was not their focus. One of these was Eisikovits et al. (2016). This paper was well-written, with a clear phenomenological focus and approach and processes that would be reproducible. They identified five primary themes: (a) grief reflecting a complex relationship; (b) loss of opportunity for confrontation, clarity, and connection; (c) funeral as liability, not benefit; (d) others' lack of understanding of multilayered grief; and (e) coping through transformation. In addition to this being an excellent example of a phenomenological study, of particular relevance to my study is theme (d). The authors noted that the participants reported a lack of support and compassion from others following the death. Participants reported wanting relational support but feeling a lack of anyone to talk to and others not knowing how to interact with them. They noted unsupportive families and that participants perceived a lack of understanding from others. One participant noted that other people felt uncomfortable because they expected her to be relieved by the death rather than experiencing a complex grief reaction.

The paper is a well-conducted phenomenological exploration, with one of the themes demonstrating relational issues that female adult survivors of CSA may experience in the context of grief following the death of their abuser. Eisikovits et al. (2016) have produced a paper that is full of rich phenomenological data. Some of the experiences it analyses are harrowing, making it unsurprising that the authors were affected by the accounts of some participants. This reinforces that focusing my study on adult survivors of one episode of non-familial CSA is a sensible decision given the study ethos of attempting to minimise any potential risk of retraumatisation for the participants.

2.2.2 Other Interpersonal Relationships

Estevez et al. (2015) analysed the relationship between CSA and displaced aggression to early maladaptive schemas in 168 participants (148 women) with a mean age of 34 (18-64). Its relevance to my study relates to aggression being an externalised emotion that involves interacting with others in the social world. The authors recognised the role of previous research and noted the

research regarding generalised aggression and violence and the link with CSA, even years after the event. They identify displaced aggression as a type of violence that is seldom studied and define it as acts of aggression enacted against an object or person that is different from the object itself or the person that caused the anger (Herrero-Fernández, 2013b). Participants were opportunistically recruited directly from referrals for treatment and a web page. Some 59% of participants identified as single with 27% married. Self-reporting measures were used for the study. The authors used validated tools: The Childhood Trauma Questionnaire–Short Form (CTQ-SF; Bernstein & Fink, 1998), Displaced Aggression Questionnaire (Herrero-Fernández, 2013a) and Schema Questionnaire–Short Form (SQ-SF; Young & Brown, 1994). Quantitative measures of descriptive statistics and bivariate correlation were used to interpret the results. Displaced aggression that manifested in adulthood was significantly and positively associated with CSA. CSA was significantly and positively associated with disconnection or rejection and impaired autonomy domains. Women scored higher than men in all domains. Women were more likely to blame themselves and hold onto negative ideas about themselves and the world. The researcher linked this to socialisation. The opportunistic sample selection limits the generalisability of the results, with the authors noting that the sample involved individuals in treatment. This enhances their relevance to my study.

Côté et al. (2021) examined victim-blaming and disbelief of CSA from a feminist perspective as triggers of social exclusion leading women to homelessness. This qualitative research identified two themes: (a) CSA disclosure was characterised by victim-blaming and disbelief, which amplified the traumas experienced; and (b) CSA and negative social reactions to disclosure are perceived as the beginning of social exclusion leading to homelessness. The relevance of this to my study links to the outcome for these individuals being homelessness, which the authors link to the survivors' report being linked to their negative social interactions with others in their social world. The study recognised the high incidence of CSA experiences amongst the homeless population in existing research but noted the lack of exploration of sociocultural factors that could contribute to this from a feminist perspective. The study used pre-existing narratives and interviews from a wider qualitative

study into the experience of homeless women recruited from organisations that support individuals experiencing homelessness. Of the 68 women in the original study, 27 reported CSA experiences and 21 revealed disclosure experiences. The interviews from these latter participants were analysed using recognised and referenced qualitative techniques. The authors provided narrative extracts to support this, with clear explanations of how they derived the themes. The results show the importance of the social world to survivors of CSA and how negative experiences can lead to negative consequences for survivors. The authors link these experiences to rape myths and sociocultural factors that minimise the experience of women. A limitation of the study was using secondary endpoints that were not deliberately searched for with the design of the original study. The authors recognise other limitations, including limited diversity in the sample, potential recall bias, and that the participants were all in receipt of professional support. Despite these limitations, the data provided is rich and clearly relevant to my study.

Duberstein et al. (2018) investigated the effectiveness of interpersonal psychotherapy-trauma (IPT-T) for depressed women with childhood abuse histories. They compared the efficacy of interpersonal psychotherapy against clinician therapy of choice using quantitative methods. They recruited participants who met the inclusion criteria and consented to involvement from the female patient population in publicly funded community mental health centres. This resulted in 162 participants who were randomised to each treatment arm. The results were statistically analysed. The effect for depressed women did not reach statistical significance. This quantitative study uses a control arm and randomisation which enhances the effect. However, the control arm consists of a range of personally chosen approaches. This means that the results provide little guidance for the practitioner of a specific therapeutic modality as it is unclear how well that modality is represented in the control arm. Generalisability is also limited by the participant population being limited to female patients in community mental health centres.

Hamilton et al. (2022) explored the experience of human-pet relationships among adult survivors of CSA using an interpretative phenomenological analysis approach in 10 opportunistically

sampled pet-owning participants. The study identified 10 themes: close bond with pet; idiosyncrasies in the human-pet relationship; moral responsibility; fundamental differences between pets and humans; safety in the human-pet relationship; resource for coping with painful experience; positive impact on wellbeing; buttress for human-human social interaction; medium for skill and knowledge development; and shortcomings of the human-pet relationship. The authors identified a lack of exploration around human-pet relationships for survivors of CSA but situated it in existing literature noting the broad therapeutic and health benefits of pet ownership. They clearly explained their methodology and analytical approach and how they ensured these were met. I carefully considered whether to include this study, as it explored relatedness for survivors of CSA with animals rather than other humans. I included it as, after examining the paper, it was clear how much value this relatedness had for the participants in the study. This was communicated by some narrative accounts included in the study for each theme which demonstrated this importance. Although a total of 10 themes were produced, the data provided for each was rich and how each theme was derived was clear. The results demonstrated a deep and rich exploration of the human-pet interaction for the participants. A particularly striking quote for the theme ‘safety in the human-pet relationship’ detailed the value the participant placed on her small dog attacking the abuser despite her directing physical violence towards it and previously having put a cat in a microwave. The themes demonstrate the complex ways that pets can provide comfort, protection, and responsibility and mediate other social interactions. The authors reported on the inherent limitations in the study design in terms of generalisability.

These four studies identified some key issues in the relational world for survivors of CSA. Côté et al. (2021) is particularly impactful as it gives depth and understanding of the importance of social interactions to life circumstances for the survivors of CSA in the study. The exploration into the experience of pet ownership for the participants in the study by Hamilton et al. (2022) was eye-opening in its meaning and demonstrated how important it is to view relatedness from the perspective of the individual and how new perspectives can be discovered using well-designed phenomenological approaches.

2.2.3 Adult Attachment

Murphy et al. (2016) addressed insecure adult attachment orientations and post-traumatic stress in a female treatment-seeking sample of CSA survivors using a cross-lagged panel study. This is relevant for my study as while the methodology is very differently orientated, adult attachment relates to the survivor's relational world and the population studied is closely aligned with my study. The paper identifies that adult attachment can be considered from a developmental or a personality perspective. It used a cross-lagged panel analysis to assess the temporal relations between insecure adult attachment orientations and post-traumatic stress symptoms. It provided a clear explanation of the existing research, methods used and limitations of the approach. Validated scoring systems (Revised Adult Attachment Scale and Harvard Trauma Questionnaire) were used to provide numerical data to facilitate quantitative analysis. Some 405 participants who consecutively attended four treatment centres in Denmark that exist for CSA, who met inclusion criteria were recruited. They were followed up at six and 12 months. The study showed post-traumatic symptoms and insecure attachment declined over the 12 months. The authors recognise this as associative and not necessarily causative. There was a high participant attrition rate across the study, which represents a potential issue in evaluating temporal relationships. However, the relevance for my study suggests that post-traumatic stress symptomology and attachment avoidance are likely to concurrently improve in individuals engaged in therapeutic support. The authors suggest further research is needed to delineate these relationships further.

Nelson et al. (2018) examined the influence of adult attachment style on CSA survivors' post-traumatic growth to evaluate the theoretical model that the attachment styles of adult CSA survivors and their perceptions of the effect of CSA on their experience of post-traumatic growth. They hypothesised that individuals with anxious or avoidant adult attachment who had greater levels of post-traumatic stress would experience less post-traumatic growth. The authors used validated self-report measures to concurrently evaluate each of these phenomena. The study included a convenience sample of 1,600 adult survivors of CSA; 344 responded to the questionnaire but only 292 provided

enough data to be included, of whom 84.6% were female. They used structural equation modelling to evaluate this as it allows a theoretical model to be tested which provides directionality of relationships in a causal framework (Graziano & Raulin, 2004). The study provided a detailed explanation of the methods and the reasoning behind the steps taken. They acknowledged that, where they modified models in the SEM to achieve a better fit, this produced results that suggested attachment style served as a partial mediator between trauma and post-traumatic growth. The authors suggest this despite attachment style not being identified as an influential factor in models of post-traumatic growth. However, issues with the sampling and the acknowledged overfitting of data to produce a good fit with complex models can be a concern. They suggest further research in this area.

Sullivan et al. (2020) investigated insecure attachment and therapeutic bond as mediators of social, relational and social distress and interpersonal problems in women with CSA histories. This makes it highly relevant to my study. The study investigated whether attachment style and therapeutic bond mediated the association between the level of early treatment emotional distress and later treatment interpersonal problems among two groups: one reporting CSA, the other not. The study aimed to build on research that shows the importance of outcomes from the therapeutic alliance related to the security of attachment in that relationship (Levy et al., 2018). Data was collected over a three-and-a-half-year period at a university training clinic. All women presenting for treatment were invited to participate, and 243 participants consented to the study with 137 completing data collection at the three necessary time points. Of these, 56 reported experiences of CSA. Validated and referenced scales were completed to evaluate therapeutic alliance, interpersonal problems, client progress, the experience of close relations and post-traumatic stress. Statistical comparisons were made at the three time points to evaluate the relationships between the variables, with attempts made to account for the different numbers of participants in each group. This is described in detail. For clients with histories of CSA, the model showed that anxious attachment and avoidant attachment mediated the associations between emotional distress and interpersonal relations. The therapeutic bond was not a significant mediator. For participants without histories of CSA, there was a significant

association between emotional distress and interpersonal relations, but insecure attachment or therapeutic bond did not mediate this relationship. The authors noted that the non-CSA group reported stronger attachment to their therapists. They also noted the limited generalisability of the results and that the therapists in the study were in training, suggesting that the results may not translate to qualified therapists.

There are issues with the sample selection and therefore generalisability of each paper. Murphy et al. (2016) recognise this and have limited their conclusions to suggesting an association rather than causality between post-traumatic stress symptomology and attachment avoidance. Sullivan et al. (2020) noted an association between emotional distress and interpersonal relations but did not demonstrate insecure attachment or the therapeutic bond as mediators of this. Nelson et al. (2018) go beyond this and suggest attachment style served as a partial mediator between trauma and post-traumatic growth, but recognise additional concerns regarding reliability due to adjusting the model they used in the study. These findings are ultimately limited in their application beyond these studies. The relevance of this for my study is a recognition that post-traumatic stress symptomology may be present in the study population and therefore influence precautions with all participant interactions.

2.2.4 Sexual Self and Relationships

The search identified five papers that involved the relational aspects of sexual and intimate relational experiences for adult female survivors of CSA. All were quantitative studies.

Jennings et al. (2015) investigated the role of CSA in intimate partner violence victimisation and perpetration in young adulthood. They did this using a propensity score matching analysis of 4,000 young adults using a US national database. They described this as a quasi-experimental method designed to overcome the limitations associated with traditional regression-based analyses that preclude definitive statements. They situate this in the background of research supporting linking CSA experience to an increased risk of partner physical violence (Daigneault et al., 2009). They provide a detailed background of prior research. The authors used data from the US subsample of the

international dating violence study taken at four university sites. This involved a four-part questionnaire assessing partner abuse. The analytic method used is described as quasi-experimental, with detailed explanations and references provided to explain it. The authors describe using propensity score matching of CSA victims to nonvictims to make them statistically identical regarding covariates. The statistically significant relationship between CSA and intimate partner violence remained. The authors highlighted the limitations of the study as being related to the study population consisting of college students who chose to take part. This minimises the generalisability of its findings.

Girard et al. (2020) investigated the mediating role of sexual anxiety in the association between CSA and sexual coercion against women. They reflected on previous research linking CSA with sexual coercion for women in heterosexual relationships. Some 448 women from the local community were sampled and path analysis was used to evaluate sexual anxiety as a mediating factor. The sample was opportunistic and obtained via online advertising and electronic mailing lists. It used validated scales to evaluate CSA, sexual anxiety and sustained sexual coercion. Approximately 22% of the participants reported CSA experiences. Statistical comparison between the two groups showed that the results aligned with previous studies that showed an association between CSA and sustained sexual coercion by a romantic partner in women survivors (Daignaeult et al., 2009). The statistical measures used were explained and referenced in detail. The additional findings suggest that sexual anxiety, which was experienced to a greater degree in CSA survivors, was a mediating factor explaining the link between the two phenomena. The limitations are reported in detail by the authors, who reflect on the recall limitations of retrospective self-report measures and recognise that conclusions on causality are theory-driven and that the model requires further confirmation. They also comment on the population studied consisting solely of opportunistically sampled women in heterosexual relationships, which limits generalisability.

Knapp et al. (2017) used a quantitative approach to evaluate conflict resolution styles as mediators of female incestuous CSA experience and heterosexual couple relationship satisfaction

stability in adulthood. The authors examined previous research regarding relational issues experienced by survivors of CSA. They also reported on differing conflict resolution styles and situated the study in the concept of couple relational satisfaction. The authors used the pre-existing RELATionship dataset, consisting of 2,314 heterosexual couples. The couples in this data set had completed 300-item questionnaires. A total of 457 couples were included in the incestuous CSA group, with the female partner having self-reported CSA. The couple was excluded if the male partner also reported CSA experiences or familial violence. The statistical methods were explained and referenced in detail. The results showed that female incestuous CSA experience was negatively related to relationship satisfaction for both groups. Significant differences in the reports of types of conflict resolution styles were found for incestuous CSA versus non-incestuous CSA groups. Incestuous CSA and conflict resolution styles were negatively related to relationship satisfaction and stability and there was a significant indirect effect between female incestuous CSA, female volatility and relationship instability. The authors described a proximal effect on relationship satisfaction for conflict resolution style, with incestuous CSA having a more distal effect. They therefore suggest that therapists should treat the conflict resolution style as a priority. This study contained a large data set, but limitations include that the study did not demonstrate the influence of race, culture, identity, sexual orientation or socioeconomic status. The authors also reported that the couples were in the early stages of their relationships, so the results would not necessarily be generalisable to more mature relationships.

Lassri and Gewirtz-Maydan (2024) investigated the role of mentalising in moderating and mediating the link between CSA and satisfaction with adult romantic relationships. The authors report on the existing research on CSA and romantic relationships and report mentalising (reflective functioning) to be the capacity to understand one's own behaviour and that of others in terms of mental states (Luyten et al., 2020). The authors report the existing literature shows that CSA is a major risk factor for both dissatisfaction with adult romantic relationships and impairments in mentalising. The authors examined whether impairments in mentalising contributed to the link between CSA experiences and relationship dissatisfaction. They used a sample of 667 individuals in a

romantic relationship obtained from a sample for a larger study in an online convenience survey. The statistical methods used are clearly explained and demonstrated. Evaluation of mediation mentalising-uncertainty and moderation by mentalising certainty supported the hypothesis that mentalising is the link between CSA and satisfaction in adult romantic relationships. The authors commented on the limitations of the study and recognised that the population was not generalisable, that there were potential biases in the self-report measures used, and that the study was cross-sectional rather than longitudinal. They suggested further research could be focused on different points in relationships and at times of stress, such as parenthood. They went on to suggest that clinical implications could focus on improving mentalisation in their therapeutic relationships to ultimately improve relationship quality.

The quantitative studies reported here, despite methodological flaws in self-report measures and sample selection, highlight issues in romantic relationships for CSA survivors. These findings highlight areas for further exploration and the need for qualitative research to gain a deeper understanding.

2.2.5 Other Important Papers

The search identified two papers that did not directly reference the study population but that used exploratory qualitative methods which influenced my approach, and portions of the results are relevant to my study. The other (Pulverman et al., 2017) is the paper identified by the search including existential*. I have therefore included them.

Krayer (2015) explored the impact of CSA on the self, using the biographic narrative interpretive method to illustrate survivors' life journeys (Wengraf, 2011). Thirty adults aged 18 or over, some of whom were prisoners, who had experienced CSA participated, but it is not specified how far removed from the trauma the participants were, and the paper does not feature a specific age inclusion criterion or robust selection criteria. Whether participants had current or previous access to psychological support is not specified. The study explained its narrative approach clearly. Themes of

the worthless self, the self as unknown and the potential developing self were identified. It provides sample narratives for each theme and clear explanations of how each theme was generated. The unknown self was salient in the earlier parts of the life journey, and the potential or developing self became more salient later in life. Experiences of the worthless self and unknown self were reported as stronger when the participant did not feel heard or lacked interpersonal connections and support. The findings showed that participants struggled to integrate the CSA in a meaningful way and felt hindered in their ability to progress. Growth and healing are unique journeys for each individual and participants who moved beyond simple recollections to include reflections and evaluations looked to the future more. The study reports that attaching meaning or making sense of the experience and talking about the abuse allows individuals to move beyond feelings of isolation and shame and highlights the dynamic nature of adult perspectives. The study lacks an existential view of these challenges but identifies the paradox of tension and ambivalence throughout life's journey for survivors.

Hartley et al. (2016) explored the nature of post-traumatic growth in adult survivors of CSA. This explorative study examines post-traumatic growth among adult female survivors of CSA, building on existing literature. It notes a gap in examining this phenomenon for survivors of CSA. In-depth semi-structured interviews were conducted with six women who had experienced familial CSA and who believed they had grown through coping with their abuse. The participants were opportunistically recruited through adverts on support websites for survivors of CSA. All the participants had received therapeutic support. The interviews were digitally recorded and transcribed. Data was analysed using interpretative phenomenological analysis, which was described in detail and related to theory (Smith & Osborn, 2003). Three superordinate and nine subordinate themes were identified and explored. The three superordinate themes were: making sense of and understanding abuse, relating to the self in a new way and experiencing growth through relationships with others. For each theme, narrative examples are given which demonstrate the themes. The last superordinate theme increases the relevance of my study. It highlights that the relatedness I seek to explore may not

just show difficulties and an open-ended exploratory design may show complexities and nuance to relatedness for survivors of CSA. Inherent in the study design are limitations in generalisability, but in this specific opportunistically sampled group of participants who felt they had grown from their experience of CSA, the study provided a deep exploration of their lives beyond this. This well-conducted phenomenological exploration adds nuance to the literature.

Pulverman et al. (2017) examined changes in the sexual self-schema of women with a history of CSA following expressive writing treatment. It builds on research using the meaning extraction method, an inductive method of topic modelling and identifies seven unique themes of sexual self-schemas from essays of 239 women: family and development, virginity, abuse, relationship, sexual activity, attraction, and existentialism (Stanton et al., 2015). The study used this to evaluate changes in these self-schemas for a sample of 138 women who had experienced CSA following a five-session expressive writing treatment course. The participants were recruited using opportunistic sampling using advertising in the local community. The participants were asked to complete essays in response to the same question and related to their sexual being at five time points before, during and after the treatment. These were analysed using the meaning extraction method, also used to generate the schema. Participants completing at least two essays were included in the analysis. The participants showed a reduction in the prominence of the abuse, family and development, virginity and attraction themes, and an increase in the existentialism theme. This supports the validation of these self-schemas and supports the therapeutic benefit of expressive writing treatment courses. Limitations of this study include the small sample size, and that as the sample involved treatment-seeking women who had expressed sexual difficulties, it lacks generalisability. Attrition over the study course and five data points also undermine its validity. The authors suggest further research to better evaluate the relationship.

2.2.6 Papers from Previous Search

Before reconducting a formal literature review for this final dissertation, I also conducted a systematic literature search at an earlier stage of my research. This reviewed papers from March 2011 to March 2021. By reviewing them earlier in my research, it is important that I recognise that they have influenced my perspective.

Chouliara et al.'s (2012) study of talking therapy services in Scotland elicited adult survivors' experiences and perceptions. The design acknowledged the complexity of socialisation and reflected the investigators' experience of CSA, sensitive interviewing and attitudes to sexual health. This may have introduced bias, as some questions differed between the two groups to optimise the capture of similarities and differences in the experiences of professionals and survivors, which might have made for a more nuanced and phenomenological exploration of experiences but complicated comparisons. Thirteen CSA survivors and 31 professionals were recruited from the east of Scotland NHS, introducing possible selection bias. CSA survivors were aged 18 years and over and were currently accessing psychological support. Psychotherapists working with CSA survivors were recruited from the NHS and the voluntary sector. All survivors were female, and data regarding age or ethnic background was not collected to minimise intrusion. Most therapists described themselves as 'eclectic' in their approach. These factors limit generalisability and replicability. Identified challenges to using or providing talking therapies included breaking the isolation through being in a trusting therapeutic relationship and regaining self-worth and a sense of self. Participants' accounts demonstrated a strong parallel narrative of benefits versus challenges and positive interpersonal versus negative organisational aspects of talking therapy. This is a highlight of this study, as previous studies generally focus only on positive aspects of this relationship. The effect of disclosure experience on the client's sense of self and self-worth is highlighted and suggests further research to explore their experience of disclosure in the broader social world. The study mainly affects the organisational priorities of NHS Scotland, rather than the individuals' lived experience.

Simmel et al. (2012) examined the relationship between the experience, disclosure of CSA and subsequent adult sexual violence. Some bias might have been introduced as the study was funded by the American National Institute of Justice. The study references an 'ecological framework' and enquiry into whether inadequate responses to childhood disclosure would correspond to later sexual victimisation. Inclusion criteria included that survivors had to have experienced CSA and adult sexual violence. The sample comprised 234 women (56% white) aged 18 and over. Some were from a clinical population and some were incarcerated at the time of interviews, limiting generalisability. A childhood maltreatment interview schedule in the form of a questionnaire was used to assess the type of CSA, its frequency, ascertain who the perpetrator was and use of physical force (Briere 1992). The findings demonstrate that disclosure did not thwart ongoing or subsequent revitalisation and that two important indicators of victimisation are the occurrence of CSA during the latency age of development and the presence of physical force during the experience. Although sexual violence is indirectly identified as a relational challenge to the individual, the study does not generate any understanding of how the individual survivor of CSA develops relational challenges from experiences of sexual violence and feelings of victimisation.

Lamoureux et al. (2012) examined CSA and Adulthood-Interpersonal Outcomes Examining Pathways for Intervention. Researchers evaluated a dual pathway mediational longitudinal model in which CSA had influenced sexual risk and adult interpersonal functioning through its effect on resiliency resources and psychological distress. It claims to be the first known model to investigate CSA's impact on interpersonal difficulties and sexual risk in adulthood and identify pathways for intervention for those outcomes. The purposeful sample consisted of 693 women aged 16 to 29 from two gynaecology and obstetrics units from inner city locations, limiting generalisability. It had a high attrition rate of 47%. Participants must not have lived with a partner for more than six months, so failing to study participants' ability to sustain intimate relationships. CSA experiences were measured using a self-report Childhood Trauma Questionnaire, creating a possible retrospective bias to the study. Problems such as interpersonal conflict and lack of social support were measured. The findings

suggest that CSA undermines women's psychological functioning and personal resilience, affecting important aspects of women's interpersonal relationships and sexual health.

Roemmele and Messman-Moore (2011) studied child abuse, early maladaptive schemas (EMS) and risky sexual behaviour in college women. They hypothesised that EMSs mediate the relationship between child abuse (sexual, physical, and emotional) and risky sexual behaviour. EMSs from the domain of disconnection and rejection (abandonment, mistrust and abuse emotional deprivation, and defectiveness and shame) and the domain of other-directedness (subjugation and self-sacrifice) are expected to mediate this relationship. The study used a sample of 635 female college students at a midwestern university: 92.6% of participants were Caucasian, with 46.5% having an income of \$100,000. EMAs were assessed using a 75-item self-report survey (Young & Brown, 1998). Participants may have answered questions incorrectly due to fatigue from such a long questionnaire. The findings confirm previous research that established a link between child emotional abuse and EMSs (Crawford & Wright, 2007; Lumley & Harkness, 2007; Messman-Moore & Coates, 2007; Wright, Crawford & Del Castillo, 2009). Among EMSs in the disconnection and rejection domain, the defectiveness and shame and abandonment schemas appear most relevant to risky sexual behaviour, both in terms of number of romantic partners and frequency of risky sexual behaviour with intimate and non-intimate partners. The study concluded that for some victims of child abuse, risky sexual behaviour may be motivated by a need to increase self-worth or reduce fears of abandonment. This paper shows some effects on individual survivors of CSA, yet it is hard to generalise from the limited sample of wealthy white college students who may be at an advantage in terms of practical support or have experienced other forms of child abuse.

Smith et al. (2012) examined the relationship between attachment style and social maladjustment to death ideation in depressed women with CSA histories. This study sought to explore how chronic challenges in interpersonal need fulfilment (attachment orientation) and acute social maladjustment interact to influence death ideation in women with major clinical depression and CSA. A total of 106 participants were recruited from a community mental health centre as part of a larger

randomised trial study into interpersonal psychotherapy. Their mean age was 35, and the inclusion criteria stipulated that they had to be currently experiencing major depression. Racial identity was 50% African American and 50% Caucasian. Attachment avoidance and social maladjustment were assessed using self-report measures (Weissman and Brothwell 1976). Depression and death ideation were assessed during interviews (Hamilton, 1960). Death ideation was determined by the interviewer using the HRSD. Data was analysed through quantitative measures of descriptive statistics. This research used participants at risk for suicide-related behaviours, which introduces bias in accounts and raises ethical concerns. It demonstrated that attachment disturbance is associated with CSA in depressed survivors. It does not establish the effect of general life stressors on participants' major depression, death ideation, social maladjustment or attachment expression and is not designed to gain a deep understanding.

2.3 Literature Review Conclusion

This research project aims to obtain the lived experience and existential focus of survivors of CSA. This addresses the identified lack in the existing research and builds on the evidence from these studies showing the detrimental effects of CSA when examined from other perspectives. The information I gathered from my background reading, formal literature review and placement demonstrated the following:

1. CSA is a common challenge.
2. CSA has serious psychological, social, and physical consequences.
3. The relational aspect of CSA (including isolation) features prominently in the existing body of research.
4. There is an increasing phenomenological understanding of the lived experience of survivors to explore the statistically significant observations.
5. There is both precedent for and room for further exploration from an existential perspective or phenomenological enquiry on specific patient populations.

My original intention was to inform researchers and practitioners working with the CSA population and to give a more phenomenological, holistic and nuanced understanding of individuals to better enable them to realise their full potential, freedom and choice beyond CSA (Nelson, 1998). Yet, my ongoing immersion into the body of existing research demonstrates a need for all psychological practitioners to become better informed and more familiar with the resultant adulthood challenges post-CSA, acknowledging that there are individuals who do not attend therapy with CSA experience as a primary concern. It is also important to understand how survivors experience talking therapies because of the relational difficulties (Chouliara et al. 2011). The counselling relationship can mirror relational aspects such as trust, consistency and authenticity in a client's social world (Walker et al., 2011).

I aim, through phenomenological exploration, to explore, for female CSA survivors in therapy, the relational impact of their experience from an existential perspective to begin to address the deficiencies in knowledge around this common and distressing experience.

Chapter 3. Methodology

3.1 Research Methods

According to van Manen (1990), a research method is a way of investigating certain kinds of questions, while the questions and the way one understands the questions are important starting points. In discerning my prior and initial understanding of the experience of CSA, using a quantitative research method was discounted. A fundamental aim was to give voice to survivor experiences, which a quantitative method might limit. I recognised that a qualitative method might facilitate a way for the research to delve deeply into the subjective qualities that govern behaviour (Holliday, 2002), the goal being to understand the meaning individuals make of their lives and experiences from their own unique perspectives (Darlington and Scott, 2002). This is consistent with the existential philosophy of being which asserts that we are fluid and dynamic beings with possibilities throughout our life span.

This research commits me to active reflection on the decision to engage with a research topic that was driven by my curiosity, which is a foundational existential principle rather than method, but inevitably there is an interplay between the topic and the method (Callejo Perez, 2006; Polit & Tatano Beck, 2004). This is in the hope of doing justice to the topic, so careful consideration was given to how to collaborate the two to ensure quality and ethics. Undertaking sensitive qualitative research is necessary to gauge the potentially varying issues relating to CSA in the context of relationships and how the survivors are affected (Dickson-Swift et al. 2006). A goal of this research was to approach it with a curious observation of the socially constructed reality of CSA survivors, with the researcher and participant interactively linked to generate research findings together (Guba and Lincoln, 1994). This aligns with the practice of phenomenology (Nebauer et al., 2019).

3.2 Phenomenology

Merleau-Ponty (1962, p.7) provides a description of phenomenology stating: 'Phenomenology is the study of essences'. It is a systematic attempt to uncover and describe the internal meaning structures of lived experience that are intuited or grasped through a study of the particulars or instances, as they are encountered in lived experience.

Phenomenology has theoretical roots in its advocacy of the study of individuals' unique experiences and recognises human behaviour is determined by the phenomena of experience rather than objective, physically described or measurable reality external to the individual. Husserl (1859-1938), often considered the originator of phenomenology, criticised contemporary Psychology for attempting to use scientific methods to explain human issues and by doing so reduce the complexity of human experience down to responses to external stimuli, missing their contextual perception and generating a limited understanding (Koch, 1995; Lavery, 2003).

Heidegger's phenomenological focus was ontological, affirming that the primary phenomenon that concerned phenomenology was the meaning of being (Cohen & Omery, 1994). Van Manen (1990) asserts that to ask for the being of something is to ask for the nature or meaning of that phenomenon, which in this study is asking how adult relationships are experienced after CSA experiences. Fundamental to the study is allowing for insight into the complexity and broadness of people's experiences as they engage with the world around them and in this instance their social relationships. For a researcher to be able to discover meanings in the data they should be open to letting unexpected meanings emerge (Giorgi, 2011; Lopez & Willis, 2004). Importantly van Manen (2017a, p.777), urges phenomenological researchers to 'return to the origin' and consult 'the primary literature, tradition, and movements of phenomenology'.

3.3 Hermeneutic Phenomenology

Heidegger posited that preunderstanding was fundamental in their mode of being human and their situated meaning in the world (Lavery, 2003). This represented a move from a descriptive approach to phenomenology to a hermeneutic approach. Hermeneutics is the system by which the deeper significance is revealed. A Hermeneutic is a description of an interpretation of the 'texts' of lived experience and semiotics is used to develop a linguistic approach to the methodologies of phenomenology and hermeneutics. This means that we can only understand the present in the horizon of the past and the future (Palmer, 1967; Ricouer, 2008). The researcher is therefore positioned to dialogically interpret the meaning of these experiences. Hermeneutics is also the interpretation of text

or language by an observer and can be used as a methodology or as an enhancement of phenomenology (Webb and Pollard 2006).

To generate the best interpretation of a phenomenon, the hermeneutic approach proposes to use the hermeneutic cycle. Heidegger (1962) explained the hermeneutic process as cycles of self-reference that placed our understanding in prior prejudices or suppositions. It was redetermined as a repetitive process, where the study of the minutiae or details of existence can give a new understanding of existence (Gadamer, 1976). Gadamer stressed the importance of linguistics and that conversations exploring reality with others can lead to agreement on new understandings of reality (Gadamer, 2005).

The research question is focused on the meaning of the phenomena for individuals. Both descriptive and hermeneutic phenomenology seek to uncover human experience as it is lived and reject the reduction of human experience to simple responses to external stimuli (Lavery, 2003). However, while both methods require a process of self-reflection, descriptive phenomenology requires a process of bracketing one's experience as a researcher, while hermeneutic phenomenology requires the researcher to place their experience in the context of the researcher. Descriptive phenomenology requires a separation of the researcher from the phenomenon explored, while hermeneutic phenomenology denies this separation and recognises the inherent intertwining of the researcher with the phenomenological exploration (Lavery, 2003). It is with this process of ongoing reflection, imagination, co-construction and immersion in the hermeneutic circle that I believe the meaning for the participants, in their realities, can be best understood with a deepening appreciation. The historical relevance of the experience of CSA to the survivors in their current being in the world makes the stance of recognising this with Heideggerian phenomenology, especially pertinent compared to the ahistorical stance of Husserlian (descriptive) phenomenology (Lavery, 2003).

Hermeneutic phenomenology is the optimal method to answer the research question and address the identified lack of understanding of relational experiences for adult survivors of CSA. Both the ontological assumption described by Neubauer et al. (2019, p.92) of 'lived experience is an

interpretive process situated in an individual's lifeworld' and the epistemological assumption of 'observer is part of the world and not bias-free: understands phenomenon by interpretive means' are consistent with the research approach.

3.4 Van Manen's Hermeneutic Phenomenology

This research enquiry is situated in the perspective of human science that lived human experience is fundamentally far more complex and multifaceted than the result of a singular description and that there is always an element of the ineffable to life (van Manen, 1997).

Van Manen (1990) aligns his phenomenological approach with Heidegger in contrast to the view held by Husserl around bracketing and asks: 'If we simply try to forget or ignore what we already know, we might find that the preunderstandings persistently creep back into our reflections' (van Manen, 2016, p.47). In this study, I used the curious observations of relationships post-CSA experiences in adulthood to research the phenomena. The use of van Manen's (1997) hermeneutic phenomenological method facilitates a transformation of personal meanings and experiences from interview texts into disciplinary understanding.

Van Manen (2014) described six steps in his approach to hermeneutic phenomenology. For each of these steps during the research process, I held a defined approach on how to engage with this. These steps are summarised below but discussed in more detail elsewhere.

1. Turning to the nature of lived experience. I formulated a research question informed by my experience, engagement with survivors, background reading, ethical considerations and a formal literature review.
2. Investigating experience as we live it. I attempted to capture the phenomena through semi-structured interviews with opportunistically sampled participants who met carefully selected inclusion criteria.
3. Reflecting on the essential themes which characterise the phenomenon. I sought the meaning of the participants' experiences as I reflected during the distillation of the themes.

4. Describing the phenomenon in the art of writing and rewriting. Through writing and engaging with the text I attempted to make visible the feelings, thoughts and attitudes of the participants.

5. Maintaining a strong and orientated relation to the phenomenon. I strived to remain focused on the research question throughout the process.

6. Balancing the research context by considering the parts and the whole. I constantly strived to place the overall design of the study or the text against the significance the parts must play in the total textual structure.

Van Manen's (2014) approach has been criticised for being poorly defined and overly complex (Zahavi, 2019). An example of this is his suggestion of nine reductions (heuristic, hermeneutic, experiential, methodological, eidetic, ontological, ethical, radical and originary) and seven heuristic moves (reduction, deduction, induction, preduction, production, abduction and seduction). This has been criticised as overly verbose, with differences between each difficult to define (Zahavi, 2019). However, if these are regarded as processes to contemplate during reduction and distillation rather than distinct entities, it can aid the researcher in determining meaning and perhaps reflect the differing positions of a philosopher and a researcher (Zahavi, 2019).

This complexity is reflected in the observation that none of the studies in the literature review used this method. Of note, Heinonen (2015), in a review of the use of van Manen's approach in Nursing Research, found that it had been complex, confusing, conducted in different ways and often only briefly described, which reflects the difficulty. However, in determining what method to use, I was struck by the criticism of both van Manen (2017; 778), and his critic Zahavi (2019), that interpretive phenomenological analysis, which is the primary method associated with descriptive phenomenology, was too shallow and superficial to qualify as phenomenological in the original sense of the term. This suggested that it was not the optimal method for this phenomenological enquiry.

As the focus of this research was as a phenomenological enquiry to determine meaning for the participants, I was drawn to applying van Manen's (2014) approach, but aligning this with Heideggerian phenomenology and other aligned focused methods. For instance, I adopted aspects of Langdrige's (2007) 4-stage analysis to help focus on how I distilled meaning. As a student new to research, I was, and remain, committed to furthering my understanding and using approaches that help improve the quality of my research. For this reason, I engaged with Ricouer's critical self-reflexivity, Valandra's (2012) reflexivity steps and Lincoln and Guba's (1982) reflexive journal guidelines.

While this engagement with wider hermeneutic phenomenological approaches could be seen as inconsistent, as a hermeneutic researcher I recognise that I am not distinct from this research and I recognise the influences on this research and my role in it (Neubauer et al., 2019). This aligns with the view that the interpretive work of hermeneutic phenomenology is not bound to a single set of rule-bound analytical techniques. Rather, it is an interpretive process involving the interplay of multiple analysis activities (Neubauer et al., 2019).

3.5 Existential Enquiry in Research

The structure of existential research aims to reveal the essential meaning of a phenomenon in relation to the research-guiding question: 'What is it, essentially?' (von Eckartsberg, 1998). I aimed to recognise the subjective, experiential lifeworld of participants in-depth (Patton, 2002). The aim of the conversational interview between the participant and researcher, as Buber (1965, p.86) posits, 'is to open out what otherwise remains unopened in a relational dialogical existential orientated encounter'. Van Manen (2017b) stated that a key component of his approach was to not present the research process in an overly technical format, which is consistent with the existential approach and representation of the participants 'being in the world'.

Byrne (2016) states that it is not possible to establish universal social laws, but the unique lived experience of relationships should be understood dynamically. For the survivor of CSA, relational behaviour in their social world can be explored from the perspective of their lived experience, which the proposed study seeks to do through an existential orientation. Van Manen

(1997) describes experience as partly ineffable and more complex than the result of a simple description. This is where the importance of interpretation and engagement of the researcher is key, as the interpretation may need to go beyond the words used as they may not entirely represent the experience or phenomena. My intent was to seek the existential dimension of the essential themes.

3.6 Research Ethics

This study followed the research and ethical guidelines outlined by the BPS (2014; 2021) and the ethical guidelines outlined by the Professional Ethics Board of NSPC. I continue to uphold the professional and ethical obligations of the BPS as outlined for members in the Graduate Basis for Registration. The project has been subject to ethics committee review at NSPC (Appendix 8). I engaged with the process and made all recommended changes. Specific steps were taken to ensure that this study was undertaken in a sensitive, responsible and ethical manner.

I remained attentive to the issue of power throughout the research process, and I worked with an awareness of the potential for exploitation for all potential and actual participants. Central to my attitude and conduct around the issue of power and exploitation is the conveyance to participants that I aimed to ensure that they retain their personal autonomy and sense of agency throughout their involvement. This is an attitudinal and behavioural stance conveyed in conduct and procedures.

A key focus underlying the ethical approach was minimising the risk of retraumatisation. This was a focus of all, including written, communication. It can be seen in the poster (Appendix 1), participant information sheet (Appendix 2), consent form (Appendix 3) and debrief form (Appendix 4).

Detailed personal reflection, discussion with supervisors and feedback from the ethics committee ensured any risk to the participants was minimised. This focused on the process. As a new researcher, I engaged with this feedback in recognition that the practical and theoretical experience of my supervisors and the ethics committee would help protect the participants. This guidance included how to phrase statements around the inclusion and exclusion criteria and how to guide the research

question. For instance, the committee gave feedback on how to adjust the language contained in the pre-interview screening questions (Table 4) to avoid pathologising the participants and identify any current distress or vulnerability.

The inclusion criteria (Table 3) were selected to minimise the risk of retraumatisation. This narrowed the possible participants to women aged between 25-60 who had experienced a single episode of non-familial CSA in later childhood and who were currently receiving therapeutic support. However, given the scope of the problem, this still allowed recruitment to be achievable. Great care was taken in the design of all communication to establish that this was not a value judgement on any potential participant or the value of any accounts that they might give.

Selection was opportunistic, with the poster made available in electronic spaces where it would be encountered by potential participants. It was designed to be transparent and featured the inclusion criteria clearly. This was done to provide potential participants the opportunity to participate, but without applying any pressure to do so.

All communication was transparent and identified that the participants could withdraw their consent to be in the study up until the point analysis commenced. It highlighted that this could be done without explanation and with no issue. This was made clear in the participant information sheet and written informed consent form and reinforced verbally before the interview. It was again reinforced on the debrief form and in the debrief call. While a consent form was essential, I regarded this as just part of the consent process and encouraged open questioning from the potential participants at all stages and sought to provide answers to any questions they had, even if that answer was 'I don't know'.

All data was managed following GDPR and the Data Protection Act (2018). The data was used only for the purposes of the study and digital recordings and transcriptions of the interviews were stored on a secure password-protected computer. Once the interview had been transcribed and anonymised, the original recordings were destroyed. Analysis performed on paper was anonymised

and stored in a locked cupboard separately from paperwork which had identifiers such as consent form.

Participants were assured as part of the consent process that while the focus of the interview was not their experience of CSA but rather their current relationships as adults, if they were to reveal the details of a perpetrator who could be a risk to children currently, or they as an adult were deemed to be currently at risk, confidentiality would need to be breached. This is an ethical and legal requirement to protect anyone who could be currently at risk and a safeguarding concern would be raised with the relevant organisations or authorities. Fortunately, this was not necessary for any of the participants.

All the interviews were conducted at a convenient time and location for the participants. As part of respecting their autonomy, they were not questioned in detail on the inclusion criteria, but their self-identification was confirmed and respected. All interviews were conducted online and recorded. I was at home and alone for all interviews and asked the participants to confirm that they were alone and safe. I made clear throughout that the focus of the interview was not their CSA experience, but their current social world. Despite this, I assured each participant that if they became distressed during the interview they could stop it at any point. I confirmed they were not distressed at the end of each interview, provided a list of support services in the debrief form and conducted a debrief phone call within a week.

3.7 Recruitment

3.7.1 Recruitment Requirements

Gentles et al. (2015) summarised the evidence around sample size for hermeneutic phenomenology. Drawing on the work of Cohen et al. (2000), they suggest a sample size of between five and 10 is appropriate for situations where the researcher intends on intense immersion in the phenomena, while up to 30 is appropriate if less immersion is required. As I intended deep immersion in the phenomena but wanted to hear a range of voices, after discussion with my supervisors I settled

on a sample size of 8-10 participants. No specific nationality or ethnicity was purposely sampled. However, the participants needed to be able to converse fluently in English in the interview.

3.7.2 Inclusion Criteria

The research involved a population group who had experienced significant prior distress, which means protection measures needed to be put in place (BPS, 2021). By only selecting participants who were not currently psychologically distressed who were currently engaged in therapy and who were victims of single episodes of abuse by individuals who were not immediate family members, it was hoped that the participants' risk was minimised.

Table 3. Inclusion criteria

Inclusion Criteria	
Gender	Female
Age	25-60
Age CSA experienced	8-16
Therapeutic support before study commencement	Must currently be receiving therapeutic support, although it is acknowledged this could be for reasons other than having experienced CSA
Type of sexual abuse	Single occasion
Relationship with perpetrator	Non-familial or primary care giver and no ongoing contact
Current psychological state	No evidence of current psychological distress

In coordination with my supervisors and the ethical review panel of NSPC, I ensured that the inclusion and exclusion criteria were designed to both provide an opportunity to answer the research question and minimise the risk to participants (Table 3). Self-identification of CSA and all aspects of the inclusion criteria were consistent with the epistemology of the study. This raises the possibility of recall bias but is important in respecting the autonomy of the participants and avoiding the risk of retraumatising them by an overt enquiry about their experiences. As a hermeneutic phenomenological researcher who was to be embedded in the world of the participants as part of the interpretive process, it was also important to consider my potential interactions with the participants (Neubauer, 2019). While the nature of inclusion and exclusion criteria narrowed the potential participant population and reduced the generalisability of the results, as the intent of this research was to gain a deeper understanding of the experience of the participants this felt much less important than participant

safety. Given the high reported incidence of CSA, I did not feel this would make participant recruitment unachievable (Vera-Gray, 2023; Scott, 2023)

Only female participants were selected. The predominant reason for this was to recognise my experience. My experience of individuals who had experienced CSA lay in a placement in an organisation that provided therapeutic support for female survivors. Given my need to become embedded in the lifeworld of the participants, I felt that my prior experience would help me do this best with female participants (Neubauer, 2019). There were also practical considerations around familiarity with support networks and organisations that could be used to assist recruitment and in the event of distress caused to any participants. It is not in any way a value judgement on the effect of CSA experience for any individual, male or female, nor is it representative of the higher quoted incidence of CSA in women when, given the sensitive and secretive nature, the true incidence for either gender cannot be known (Vera-Gray, 2023).

The age of potential participants in the study was between 25 and 60. The lower limit was selected as behavioural studies in trauma-exposed individuals report deficits in cognitive control and emotion regulation (Pechtel & Pizzagalli, 2011; Tottenham et al., 2010). These processes are known to develop across the first two decades of life, so it is anticipated that in including participants aged over 25, these participants were likely to have developed some coping strategies of cognitive control and emotional regulation reinforced through previous or existing engagement with therapy (Casey et al., 1997). The upper limit was selected to provide a range of individuals with the opportunity to experience a social world across different stages of their adult lives, which was hoped would provide the opportunity for rich data to emerge. This wide age range may have introduced the possibility of recall bias, but as the focus of the exploration was their ongoing social world rather than the facts of the historic event, I felt this was not a significant issue.

The context of the abuse was an important consideration in minimising risk to participants and an important consideration was selecting participants least at risk. The literature is to some extent ambiguous, with some evidence of increased negative effects of recurrent abuse, early abuse

experience and intra-familial abuse, but there is disagreement around this with a lack of definitive comparative data (Vera-Gray, 2023; Scott, 2023). Familial abuse is likely to be associated with other forms of abuse, start from a young age and be recurrent (Scott, 2023). It may also be associated with complex emotions around the perpetrator (Scott, 2023) and be associated with self-blame (Ullman, 2007). The research by Eisikovits et al. (2016) highlighted the devastating nature of intra-familial abuse in the population studied. It also highlighted that ongoing contact may occur, which could raise safeguarding concerns. My systematic literature review also showed a lack of research specifically looking at non-familial abuse. Given the ambiguity in the literature and my concerns about the risk of retraumatisation, I also discussed and reflected on the issue with my supervisors. For these reasons, I decided to limit the inclusion criteria to a single episode of non-familial abuse occurring later in childhood (8-16). While the disadvantage of this would be a narrowing of the potential perspectives explored, I hoped it would optimise participant safety while also providing a voice to a group of survivors who had not specifically been researched.

To optimise the psychological safety of participants, I felt it was necessary to ensure that they were not experiencing distress at the time of the interview and had access to ongoing psychological support. Participants were asked to confirm this and then screening questions were asked before the interview (see Table 4). This was to prevent any current distress from being exacerbated by participation in the interview. A therapeutic relationship is important in the treatment of CSA survivors (Olio & Cornell, 1993). It can help build resilience and prevent negative consequences (Trask et al., 2011; Ungar, 2013). Given this, I felt it essential to ensure that participants were engaged in ongoing therapy. While this narrowed the population of potential participants, reduction of risk was of paramount importance. Therefore, this criterion was so essential that it was embedded in the research question. This limits generalisability, but perhaps narrowing the focus in this way makes the results particularly relevant for therapists working with this population.

All advertisements clearly advised potential participants that they would not be expected to discuss abuse experiences. I provided information sheets for participants to describe the research, and

what their involvement required (Appendix 2). A pre-participation discussion immediately before the interview with semi-structured questions (Table 4) took place to exclude potential participants who were experiencing psychological distress. This was discussed with the research supervisors and presented to the NSPC ethics panel for approval as part of the process of gaining ethical approval with the same care as the questions were designed for the structured interview to minimise and risk of harm and highlight any issues that might require signposting to further support.

Table 4. Conversational screening questions

Question	Possible prompts
How are you feeling?	How is your day/week going? Has anything significant or serious happened recently? How are you feeling about this? How are you sleeping? How is your mood?
Having read the information about the study do you feel comfortable going ahead?	Does participating in the study worry or concern you? Do you feel able to talk about your social relationships?

3.7.3 Advertising

A poster was created outlining the purpose of the study, participatory requirements, inclusion criteria and pertinent details of the study. The initial draft of the study poster was shared amongst peers and supervisors for feedback (Appendix 1), which enabled a transparent description of the aims of the research and participant requirements. Amendments were made before sharing the poster with the relevant audiences.

A purposeful sampling strategy was used amongst a professional network of clinical practitioners, academic researchers, NSPC teaching staff and peers. A total of 43 emails were sent out which included the study poster and details of the study's aim. The study was advertised extensively on social media platforms, including a closed trauma survivors' group, with the inclusion criteria clearly documented. So, while no nationality or ethnicity was purposely sampled, it meant that British-based women who engaged with clinical practitioners were more likely to see the poster and consider participation. It is impossible to know whether the ethnicity of the audience viewing the poster was representative, but it may be that visibility of the poster to individuals from ethnic

minorities might have been lower, which is an inherent barrier to participation. This is perhaps reflected in the fact that five of the eight participants identified as White British, one as White Irish, one as Bangladeshi British and one as Hispanic American. This made the study population predominantly White British, which affects the generalisation of the results.

3.7.4 The Pilot Participant

The second of three potential participants to verbally express an interest in participation during the pilot study phase after thoughtful discussion agreed to participate in the study after first-stage screening. To maintain confidentiality the participant has been anonymised and the pseudonym ‘Amber’ was used. This followed my first posting of the study advertisement on a closed trauma survivors’ social media page.

Once Amber had expressed an interest, we engaged in an informal discussion about the use of the research, she confirmed she met the inclusion criteria, and this was followed by the researcher emailing a participation sheet and written consent form via my university email. It was stressed to Amber that she could contact me if she felt she had more questions and queries and a participant information sheet was provided (Appendix 2). This was to ensure that Amber felt she understood what her participation would entail. She verbally confirmed and completed the written consent form (Appendix 3) before the commencement of the questions about potential psychological distress and ultimately the conversational interview.

The other two possible participants did not meet the inclusion criteria and so were not able to take part in the study. I recognised my responsibility to these individuals and reassured them of the reasons why they could not take part and highlighted that no value judgement was attached to that necessary decision. I explained that it was due to the need to have strict ethically guided inclusion criteria to minimise any potential risk to participants. I offered them the option of contacting me for any further discussion around the issue if they wished.

I had no prior knowledge of Amber before she enquired about inclusion in the study. Amber consented to a follow-up debrief call one week after the interview as outlined in a debrief sheet (Appendix 4).

Pre-interview discussions with Amber revealed her reasons for volunteering as a participant. She was expressive, detailing how she felt committed to her 'healing' and 'having her voice heard'. She felt that her participation might contribute towards this. Amber felt her participation in the project might support others, including trauma therapists. Amber reported seeing two specialists who she felt were not equipped to adequately support adult survivors of CSA, which she felt had hindered her healing.

Amber consistently demonstrated capacity and understanding of her participatory requirements. I adhered to the BPS (2021) advice to collaborate with potential participants on the mitigation of risk as part of the pre-interview conversational screening questions by asking her about individual factors that might pose a risk of harm to her. She did not raise any risk factors but had she done so, I would have had the opportunity to inform her of actions she could take to minimise such risks, suspended the interview and signposted her to support. Amber confirmed that she was currently receiving therapeutic support and had been for more than six months. Following the interview, Amber was provided with a list of support services she could contact. It was also emphasised that she could withdraw her participation at any point, with her data being extracted from the study completely and destroyed. This was repeated for all participants.

3.7.5 Subsequent Participants

The demographics of all eight participants are detailed in Table 5. Following the pilot study's approval by NSPC and good feedback from Amber, they were recruited in the same way and the same procedure was followed. They all confirmed they met the inclusion criteria and they all passed the screening process, felt comfortable to conduct the interview and received debrief information and a phone call. No participant reported any negative sequelae from participating in the study. Consistent

with the study outline, all the participants were female. One was Bangladeshi British, five were White British, one was White Irish and one was Hispanic American. Five were single, one divorced, one in a relationship and one married. Four of the eight participants had children. All participants confirmed that they met the study criteria before signing the consent form and this was confirmed at the time of the interview. All participants confirmed that they were engaged in psychological therapy at the time of the interview. The participants involved in this study were aged between 27 and 52 with a mean age of 36.9.

Table 5. Participant demographic data

Participant	Pseudonym	Age	Relationship status	Children	Ethnic origin
1	Amber	31	Single	No	Bangladeshi British
2	Kim	29	Single	2	White British
3	Nina	34	Single	No	White British
4	Pally	27	Single	No	White British
5	Tamryn	52	Divorced	1	White British
6	Maura	31	Single	No	White Irish
7	Kaylee	43	Married	2	White British
8	Jane	48	In a Relationship	1	Hispanic American

3.8 Data Collection

3.8.1 The Phenomenological Conversational Interview

Van Manen (2014) describes interviewing as part of hermeneutic phenomenology. It allows the development or exploration of a rich deep understanding of the phenomenon, in addition to developing a conversation around the meaning of the experience. He encourages conversational interviewing as a more relaxed method of allowing this deeper understanding to emerge. In this, it is important to acknowledge that the kinds of research questions we ask lead to the different kinds of knowledge that we create and learn, so some direction in the conversation provided by questions and

possible prompts is useful. This represents step 2 in van Manen's six-step approach to hermeneutic phenomenology. This led to the development of the semi-structured conversational interview with four questions and 15 prompts (Table 6):

Table 6. Semi-structured interview questions

Question	Prompts
Can you tell me why you were interested in taking part in this research?	What appeals to you about the study?
Can you tell me about your social relationships?	Whom does it comprise? Throughout your adult life until this point and now? What value do you place on relationships in your social world?
How would you describe your relationships?	Do you feel you have or have had close relationships? Have you experienced friendships and/or loving relationships? If so, how would you describe experiencing this? What is it like for you to be in a friendship or a relationship? Do you have similar experiences in other relationships? What similarities did you find and how often did you find them? How do you make sense of this?
How do you feel your interactions with others affect you?	How do you reflect on yourself through your friendships or intimate relationships? Have you had relationships that have ended or broken down? If so, how do you feel about this? Did you learn anything about yourself from the experiences? Would you like to make any changes to how you relate to others and if so, what would that mean?

The use of the phenomenological approach during the interviews was intended to deliver a deeper understanding of the nature or meaning of the participant's everyday experiences (Munhall, 2007). Following the pre-interview process described above, interviews were scheduled via the Zoom video platform at a mutually convenient time and date. I explored how best to protect each participant's privacy. Immediately before each interview, I confirmed the participant's consent both to be interviewed and for the interview to be recorded. I reiterated the central premise of the study and reassured each participant that there would be no questions asked about actual abuse experiences to limit the risk of retraumatisation. The participant was given the option to have the camera on or off. It was also made clear, that in line with ethical practice, there was no monetary reward for participation.

Each participant and I entered a dialogical reflection by asking the question: how do female adult survivors of CSA experience relationships? The dialogical semi-structured interviews were deep

and open. The shortest interview lasted 33 minutes and the longest 89 minutes. Although this difference is large, it represented individual expression and experience and ultimately the timings were determined by the participants and respected their autonomy.

I actively listened and engaged with my intuition and reflexively and responded in each conversation to pose appropriate follow-up questions and help each interview to gain the richest possible data (Berger, 2015; Brown, 2010; Rowley, 2012). Full engagement in reflexivity by the researcher is key to supporting the interview process to maintain focus and keep their thoughts and attitudes in check, which also helps the researcher in their embodied experience (Ruane, 2017). The interview ended by allowing the participant space to ask questions about the interview and research and the participant was informed they would receive the debrief sheet by email (Appendix 4). This detailed remote support agencies for they could contact if necessary. I reminded each participant to expect a debrief phone call a week after the interview at a pre-arranged convenient time. I thanked each participant for their time and contribution to the study.

3.8.2 Transcription

Transcription is not just a theoretical undertaking, it is defined as a situated practice (Mondada, 2007) that provides accounts of a social and moral order (Baker, 1997). Each interview was transcribed from the secure digital recording of the conversational interview (Appendix 7). I ‘manually transcribed each interview initially to ensure all spoken dialogue between participant and researcher was accounted for and then subsequently it was transcribed and checked a further time to recall or interpret nuances, pauses and resonance. Identifying markers, identity and any references to names of institutions and individuals were anonymised as it was transcribed.

I checked each transcript a third time to confirm previous observations. Parts of the text were also underlined for key statements and possible themes and paying attention to the researcher’s relationship with the dialogue both on reflection and in the moment of transcription to allow for new insights to emerge. This was a laborious task, but it facilitated active immersion into the

phenomenological lifeworld of each participant and in becoming deliberately familiar with each interview I became attuned to the participants' experiences and reinforced the intentionality of the project. This is consistent with Ochs' (1979, p.44) assertion that 'transcription is a selective process reflecting theoretical goals and definitions'. This allowed me to gain closeness with the text advocated by van Manen (2014).

3.9 Analysis

The phenomenologist is reminded by Aguilar (2004) that Heidegger (1978, p. 217) stated, 'Language is the house of being'. The hermeneutic approach is founded in the search to understand the other through both conversations and what was left unsaid. This aligns with the potentially implicit relational manifestations of CSA and highlights the role of the researcher in a broader sense. Ricoeur (2008) reinforces this and extends the reach of hermeneutics by adding the concept of the 'hermeneutic circle'. This is defined as the movement between interpreting part of the text as it relates to the way of being for the individual as a whole and then relating that back to parts of the text in a repeated cyclical process to reveal more and more. Langdrige (2007) suggests a hermeneutic turn requires the researcher to hear the stories people experience and offer the help of a specific hermeneutic method of interpretation. Existential phenomenologists collectively consider that philosophy should not be conducted from a detached, objective, disinterested, disengaged standpoint because certain phenomena will only demonstrate themselves to an investigator who is integrated into the world in the right way (Warthall, 2006).

Transformation of data should be externally verifiable for other researchers so that they can understand (but not necessarily reproduce) how the transformed expression is processed from what is contained in the original rich data (Polkinghorne, 1989). Van Manen (1990) refers to this as the 'phenomenological nod'. This is a way of demonstrating that high-quality phenomenological description is something that we can recognise as it is an experience that we had or could have had; while we might not have experienced the same journey, we can understand and recognise the route.

Van Manen (2014) also highlights the need to attempt to grasp the pedagogical essence of the given experience.

As a researcher, I am committed to attuning myself to the participant as I aim to do in my professional and clinical practice, but I recognise the need to engage in this project from a researcher's stance. Fundamentally, my approach of aiming to show the new meanings that emerge about a given phenomenon is consistent with Harman's (2007) statement, 'something forgotten into visibility'. Engagement in phenomenological reflection of the individual accounts can mean they are transfigured and reduced or may be 'elevated' to the status of 'fiction' and almost analogous to imagined examples (van Manen, 1990).

As I became more engaged and reflexive in my analysis, I became more aware of engaged phenomenology and this became significant to my analysis. The use of the hermeneutic phenomenological method in this study represents a coherent approach to the analysis of the ethical, relational and practical dimensions of everyday pedagogy. This can be more difficult to access than other research approaches (Zahavi, 2019).

Van Manen (1997) recommends that participant data is processed by uncovering thematic aspects. He discusses 'isolating themes'. The themes can be viewed as written interpretations of lived experiences. For this study and in keeping with van Manen's assertions, I performed and worked in a hermeneutic circle which consists of reading the text, reflective writing, and interpretation in a rigorous fashion (Lavery 2003). I was also influenced by Valandra's (2012) suggested steps on how to maintain, achieve and facilitate reflexivity at each stage of the research study:

1. What do I already know about this topic?
2. How do I know what I know?
3. How have my personal and professional experiences shaped what I know?
4. What assumptions, biases, attitudes, and beliefs shape my construction of this idea?

5. What am I passionate about regarding this topic or idea?
6. How are my life experiences shaping the design of this study?

To maintain the quality of the data analysis and apply analytical rigour, I followed van Manen's (1997) processes of constantly applying orientation, strength, richness and depth to the process. My analysis therefore is consistent with van Manen's (2014) assertion that the objective is to transform the lived experience into a textual expression of the essence of individual experiences of adult relationships after CSA. The text's effect shows something significant, which can be considered a reconstructed reflection that enables immersion in the lived experience. I feel I achieved a transparent stance by continuing to be open, sensitive and responsive. The emotive nature of the language expressed helped determine the strength of feeling, while the semantic storyline helped uncover the linguistic meaning, making social understanding possible (van der Zalm & Bergum, 2000). I ensured that each participant's story was both written and represented to the best of my ability. Using participants' direct quotes allows the reader to validate the data and see how the meaning was revealed, while the participant may feel agency over and appreciation of their words. Achieving a feeling of validation and appreciation is pertinent for adult survivors of CSA.

These steps, except for the conversational interview, were repeated several times to ensure researcher consistency and validity of findings. Van Manen's (1990) highlighting and selective approach was used to ensure a closer inspection of my observations. A scanned sample of my working can be seen in Appendix 5.

In Table 7, I summarise an example of the derivation of a participant theme which contributes ultimately to the emerging and essential themes. In deriving this I used van Manen's (1990) highlighting and selecting approach in identifying the participant quote following the transcription process which allowed me a closeness with the text that was essential (van Manen, 2014). Throughout this process, I adhered to van Manen's (1994) six-step approach to hermeneutic phenomenology. Step 4 is represented in Table 7 through a process of writing and rewriting I distilled meaning and reduced

the phenomenon to the participant theme (van Manen, 1990). I reflected on the characteristics of the phenomenon (step 3), while maintaining a strong and orientated relation to the phenomenon and research question (step 5) and balanced this in the research context and considered the parts and the whole (step 6). This facilitated the reductions and heuristic moves described by van Manen (2014) in a manner laid down by Zahavi (2019). As a hermeneutic researcher engaged in a hermeneutic circle, it is appropriate to acknowledge the perspective provided on this by engaging with Langdridge's (2007) and Valandra's (2012) work. I conceptualised this as being at the centre of a hermeneutic circle as I read and reread the text, while going through the reductions and heuristic moves, but considered the context of the text as I developed a greater understanding.

Table 7. Contribution to theme reduction from an example quote

Step	Example
Illustrative quote from highlighting text	'Um, and it was almost like going to XXXX being a foreigner speaking, learning to speak fluent XXXX, but no one ever knew what class you had come from, what educational background you'd come from. Cause they can tell that you're just a foreigner. Right. There was something really liberating about that social experience. And I think that continues to be something I really enjoy about being a foreigner. And I've often wondered whether my, whether one of the factors in me choosing to live abroad was my experience of sexual abuse.' (Kaylee)
Written reflection	This shows that Kaylee has identified a freedom (liberation) in her distance from the people around her, or the barriers about the experience of being a foreigner. This seems to create a barrier or wall of protection. Perhaps the social experience creates meaning for her in her perception that others' perceptions of her might be due to her nationality rather than her experience which moves her toward increased safety
Rewrite 1	Kaylee has developed an association or indication to make her social experience feel safer in an environment where she perceives barriers to her being 'seen' as she is rather than as a foreigner
Rewrite 2	Kaylee has identified safety and freedom in an environment where she feels being a foreigner explains aspects of her existence
Reduced to Participant theme	Identification of perceived safety in the social world
Reduced with other participants in emergent theme	Perceptions and Indicators of Personal Safety
Contributing to essential theme	The Primacy of Seeking Relational Safety

Table 7 also shows that the participant theme, through a process of further immersion and reductions, contributed to one of the 12 emergent incidental themes and one of the 4 essential themes (van Manen, 2014; Langdridge, 2007). Langdridge (2007) describes four stages of this approach:

1. Searching for the structures of experience.
2. Describing how structures are thematic of the phenomenon.
3. Searching for incidental (emergent) and essential themes.
4. Explaining and interpreting essential and incidental (emergent) themes.

Appendix 5 shows an example of highlighting my written transcript, while Appendix 6 contains some scanned examples of my rough working, showing the development of themes from meaningful quotes with the evolution of language used to convey the meaning and showing how I distilled the participant themes into emergent and then essential themes while attempting to preserve and highlight the meaning interpreted from the rich data and continually engaging in the hermeneutic cycle and reflection.

Reduction to the emergent and essential themes involved the continued application of van Manen's (2014) six-step approach. I used this to keep my focus on the original text and the research question as I further engaged in reductions and heuristic moves as I considered the parts and the whole and their role in the phenomenon of the experience.

My analytical processes remained transparent throughout. The existential lens of enquiry focused on where I situated the participants' being in the world and ways. She determined her being in the world in herself and her social relationships. Van Manen (2016) advocates for consulting phenomenological literature, including the writings of Merleau-Ponty (1962) and Heidegger (1962). This helped to organise my understanding of experience and perception. Van Manen and Merleau-Ponty collectively identify that humans perceive their experiences: across time (lived temporality), in space (lived spatiality), physically (lived corporeality) and interpersonally (lived relationality) (van Rhyn et al., 2020). Due to this, I was able to relate each essential theme to an existential dimension.

3.9.1 Reflection on the Analytic Process

Figure 1 demonstrates a simplified schematic of the schematic of my process and ongoing reflection.

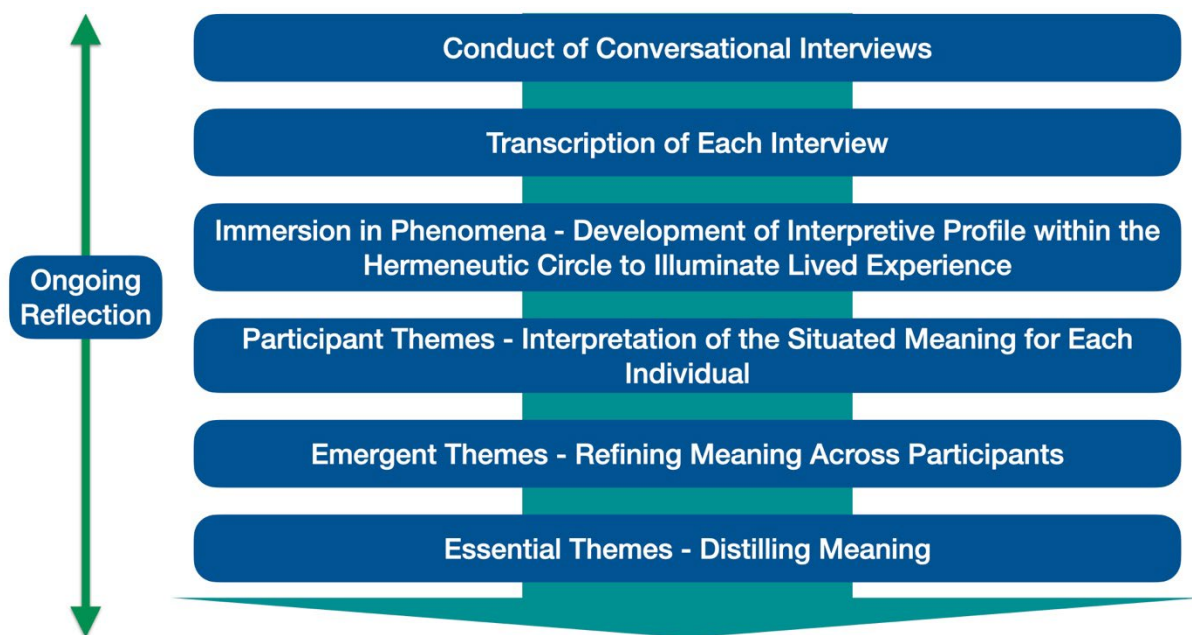


Figure 1. Simplified schematic of the analytic process

Table 8 contains some personal reflections on parts of the process and summarises the steps.

Table 8. Summary of process and reflection on each step

Step	Process	Personal Reflection
Conduct of Conversational Interviews	All interviews were conducted and recorded in line with the study processes.	Meeting and conducting the interviews with each participant was both a worrying and rewarding experience. As the interviews progressed, I became more confident in my ability to allow the participant's voice to be heard in the semi-structured format and was struck by how engaged they all were in the process and how determined they were in their desire to help others through participating.
Transcription of each interview	Each interview was painstakingly transcribed and checked from the recordings.	The transcription process helped embed me in each participant's lived experience, with the process of checking each transcript helping attune me to the participant and giving me a closeness with the text. I assumed a naïve curiosity in the transcription to facilitate the emergence of the phenomena. I focused on the importance of the text as a reconstructed reflection that would enable immersion in the lived experience.
Immersion in Phenomena	I immersed myself in the data contained in	The hermeneutic circle of repeatedly reading the text, highlighting, and reflecting on the text was a deep and demanding process. However, through this immersion, I was able to facilitate the emergence of the

Step	Process	Personal Reflection
	each transcript to allow the rich data to be transformed.	phenomenon for each participant, which allowed representative themes to be written. I described and reformulated during this process as I searched for the structure of the participants' experience.
Emergence of Participant Themes	From the immersion, I developed themes that communicated the phenomena present.	Describing the emergent themes in words was a difficult process given the power and nuance in language and I felt a great responsibility to use text which best conveyed each phenomenon. I recognised the importance and power contained in the participants' words.
Refining to Emergent Themes	I combined and refined the individual participant themes to 12 emergent themes.	This felt like a huge responsibility again as I strived to convey the meaning of the phenomena in words and represent the meaning across the participants in a way that communicated their lived experiences. It was a difficult process that required repeated review, revision, and reflection as I tried to ensure I produced themes that accurately showed the phenomena.
Distillation to Essential Themes	I distilled these themes down to 3 essential themes.	This final step felt hugely important and full of pitfalls and opportunities. I focused on the existential lens and re-engaged with phenomenological literature to help produce themes that did justice to the data, the participants, and the phenomena. I orientated myself in this and feel I have produced easy-to-communicate representative themes, but recognise that I can never be truly happy with the themes I have produced, as it is impossible to reduce such truly rich data down to 3 simple existentially-orientated statements.

3.10 Researcher Reflexivity

3.10.1 Introduction to Reflexivity

Langdridge (2007, p.59) positions reflexivity as a central element of qualitative research. It facilitates the opportunity to bring further understanding and insight, through the recognition that 'knowledge is always co-constructed, reflecting the choice and questions the researcher makes and brings as much as the experiences of the participants being recounted'.

Reflexivity in qualitative research involves researcher engagement in continuous and intentional development and practically applied self-appraisal and critique to help determine how experiences did or did not influence the research process (Koch and Harrington, 1998). It is both a skill and attitude by which a researcher is systematically aware of and attends to how knowledge of their being is constructed by the participant (Bloor and Wood, 2006). Phenomenological reflection is

not introspective but uniquely retrospective, as recall of lived experience is after the event as it had been lived and inherently as a perception of experience changes it is fluid (van Manen, 1997). Central to this is recognising the value of honesty, empathy and openness with participants from the planning and advertising stages, through first to last contact and beyond study completion. The sensitive nature of CSA experiences and the need for researcher rigour make this paramount.

3.10.2 Reflexive Process

In recognition of the active and ongoing reflective practices needed, I used principles found in Langdridge's *Phenomenological Psychology: Theory, Research and Method* (2007). This demonstrates part of the hermeneutic circle illustrates the reciprocity between the researcher and participant (Koch, 1995). Reflexivity involves implicit and explicit mechanisms. Reflexive procedures are implicitly carried out with all interactions with the data. This includes the documentation of new insights drawn from watching the recorded interview, with a detailed account of new perceptions and insights. An example of explicit engagement with the data and research processes is the maintenance of a reflexive diary which facilitates discussions around the development of the project with the research supervisor and the integration of parts of the research process into the final research document. My reflexive process extended beyond deliberately considering reflexivity as a feature of this project; the further I engaged, the more I noticed insights and ideas. I noticed that this would occur as a phenomenon and often appear during bedtime rumination so I kept a notebook to hand to document this. I also researched other people's reflexive processes and initiated conversations with peers, curious to know their approaches.

This research project was overseen and supported by research supervisors and I used their professional support and expertise to support the project on an ongoing basis. I shared my reflexive processes verbally with them at each meeting.

3.10.3 Power

I limited my acknowledgement of theoretical, pathologising and conceptualised accounts of CSA represented by systems, governing bodies and authorities to immerse myself in research and data that represented lived and phenomenological accounts from people who had experienced CSA. A further ongoing reflection was the responsibility to represent myself, my training provider, and my research supervisor well in all my endeavours attached to this project.

I considered this issue of power when planning the research in the early phases. I considered how the potential and actual participants might interpret a power dynamic and the potentially negative consequences of this for them. A journal entry I wrote on this subject:

In reviewing how I communicate with potential participants today I am stuck by a need to be circumspect throughout and not convey an air of inappropriate authority.

I am worried that I could inadvertently cause distress, offence or other negative responses amongst a group of people who may be vulnerable. I veer between feeling patronising in this outlook and protective. I should be reassured by both other research that has been conducted and the feedback I have received. I do not want to come across as overly authoritative, as if I am in a position of power and commanding or authority, if anything I feel in a position of gratitude to any potential, participant who might be interested. I need to convey their choice rather than my power.

I maintained a commitment to working collaboratively with the participants as far as possible. This included:

1. Positively promoting the study.
2. Being self-aware of my affect.

3. Letting participants know that they can withdraw participation up to a defined point even after the interview.
4. Using highly considered language in emails with an implicit asking of permission even around the communications from myself.
5. Using a semi-structured interview schedule that promoted each participant's agency and decision-making ability.

3.10.4 Sensitivity

I approached all planning, and communications, including all spoken and written communication with actual and potential participants with a high level of sensitivity, while recognising that their personal agency, autonomy and accountability were of paramount importance and strived not to engage them in a patronising or belittling way also. During the early stages of communications with actual and potential participants, I recognised that many individuals who reported their interest in participating expressed a degree of actual or potential empowerment when considering participation. Each participant was acknowledged and treated as an individual with agency and their specific requirements were catered for and needs met in line with professional research practice. This stance was maintained consistently throughout the process. I also continuously reflected on my core personal values, including a commitment to honour their dignity and engage with others respectfully, openly and honestly. For the integrity and quality of the study and for the respect of all involved (primarily the participants), I mentally prepared for how to deal with any adverse situations that might occur in the study process, including involving participants. A journal entry on this subject:

I have been thinking about what to do if things go wrong with a participant. How do I approach this? In ruminating on this last night, I felt that prevention as a first step was much better than cure. I feel reassured that I have put the time and effort into thinking about how I approach my communication around listening, being

respectful and being open and honest. In some ways I think back to my experience as a Nurse and how I could act to defuse or support patients in difficult situations and how listening could get back to the route of the problem and help.

I was able to affirm that I would lead with the values of active listening, respect for autonomy and being open and honest in all my communications. I actively reflected on this throughout all stages of the research process.

3.10.5 Reflexivity in Designing the Study Advertisement

I considered the language used in my study advertisement carefully, particularly if it might upset readers either by provoking a negative response or being patronising. I also needed to foster interest among potential participants. The central concern was to convey the meaning of the research to potential participants or other interested parties. I explored existing sensitive research advertisements to assist development of the language in the advertisement. Draft advertisements were created and an edit was shown to the primary and secondary research supervisors before finalisation. I also consulted a professional peer who works with clients who have experienced trauma to ensure, as far as was possible, that the advert would not provoke negative feelings or emotions in the survivor population and reflected my ethical obligations

A further issue that I reflected on was how to present the study in a way that demonstrated professional credibility, so I researched other doctoral thesis advertisements more generally. In doing so, I showed my desire to convey professionalism and warmth throughout the process in any communications with participants. I included my photograph in the advertisement to convey professional trustworthiness and transparency as well as humanity to the research. An active reflection I have around this is that it reinforced my affinity with the project and the survivor community:

It feels strange putting my face on the poster, perhaps a bit revealing, but hopefully, in doing so I can convey who I am, I can convey trustworthiness and by revealing myself on the poster I convey my commitment to this research.

3.10.6 Reflexivity in Advertising the Study

Consideration was given to how and where to advertise the study and my role and responsibility in this. To ensure its reach to the appropriate potential cohort of participants and to maintain professional and academic integrity, I initially sought to use professional systems such as healthcare trusts. However, in consideration of possible shame associated with survivor experiences, I reflected on how this might appear to potential participants if they saw this advertised in such organisations with perceived power; it may have seemed impersonal and foreboding. I was personally and professionally aligned to ensure, as far as possible, that there would be no perception of a power hierarchy in the study process. This was discussed at length with my research supervisors and peers and a plan was implemented before communicating with potential participants. After a long reflection, I considered social media groups that survivors had chosen to join independently, in recognition of their autonomy. The advertisements posted, with the explicit permission of the group administrators, were non-direct but open and informative in their essence. They clearly stated the aims of the study in a purposeful attempt to reinforce the choice-making ability of potential participants.

I considered stopping my social media in case of a negative impact on participants or a perceived lack of professionalism from my visibility. Conversely, I also considered if it could provide a sense of reassurance for potential participants to know that the researcher was a human with typical concerns and predicaments. I decided that I would make my social media profiles private from the point of advertising the study for at least six months after the conversational interviews to set boundaries and provide primary focus on my role in the study.

3.10.7 Reflexivity in Communicating with Actual and Confirmed Participants

This step was also significant in the overall reflexive practices in the study as before and at the time of communications with confirmed participants, I felt it necessary to explore participants' needs amid the wider context of contact, such as how they preferred to communicate. Asking these questions did produce some challenges such as participant one preferring not to be emailed between

certain times, so the wider consideration across the participant cohort became a feature and prompted the recognition of a need to ask all participants if they had a preferred time to be contacted regarding the study.

Johnson and Rowlands (2012) highlight that the communication between researcher and participant will be mediated through their individual backgrounds. Due to the sensitive background of the research and an understanding of the traumatic experiences that permitted their participation, this was paramount. I considered both my and their personal environments in equal measure when communicating about the study, as we met in a human-to-human interaction in our environments with responsibilities such as children or as carers. All email correspondence had a brief generic title of ‘research study’, to not reveal the study details to others.

For the early potential participants, I was apprehensive about all communication. I drafted and redrafted emails multiple times. I noted in my diary a commitment to not get any communication ‘wrong’ and while reflection on the ethical basis of the study had given me confidence in the steps taken to minimise any risk of retraumatisation even in this early communication, I was concerned. I did not know the people I was communicating with and therefore still felt some uncertainty about how they may interpret my emails. This felt ‘acute’ at first, but I recognised and noted a potential to be overprotective of the participants and a risk of this impairing their autonomy and expression.

I can’t get this wrong. This communication is so important, I’ve been over the email wording so many times as I try to get it right, but it feels almost acute in the worry. I keep falling back on my preparation, which I know is thorough. But... I just need to get on with it. Slow communication isn’t a good thing either and I need to respect the participants’ autonomy.

I noted a move away from this with later participants as I became better able to balance these issues. With one of the later participants, I had noted in my diary that I was able to reply much more

promptly to their emails as I felt less worry and need for continual review of each email before sending it.

3.10.8 Reflexivity in the Conversational Interview

Interactional challenges were an issue I made myself aware of before commencing actual interviews (Nairn et al., 2005; Prior, 2014). The need to maintain participant well-being around their involvement and maintain clear interview objectives was further magnified by the effort that I made to recruit participants. I worked with an awareness of this but also held the idea that there needed to be a dynamic interplay between myself and the participants.

As in previous steps, I used critical reflexivity in my interview practice as a pre- and post-reflective activity, with each interview an opportunity to refine my process. I made descriptive notes on the interview transcripts that described my process and experience of being with the participants alongside my notes on the interview content. An early observation I made was the need to slow down my speech slightly in subsequent interviews to optimise the quality of each interview. Listening to the first interview was a difficult process, partly because there were aspects of the interview I wanted to review, despite the work that had gone into the interview, but also because I was self-conscious about how I would sound and whether I conducted the interview well, due to apprehension. I commented on this in the reflective diary and noted that I needed to ‘SLOW DOWN’ my speech slightly in subsequent interviews to optimise the quality of each interview.

I noted a need not to let my internal voice distract from the conduct of the interview. At times a participant would state something that was so overtly profound I would start thinking about it immediately. An example was a participant who detailed the protective social role her child played. I noted in my diary that I needed to not get distracted. When I recalled the interview, I couldn’t remember what had been said afterwards. Because the time taken to transcribe each interview is significant it was a while before I was able to review that portion of the interview. I was relieved that the interview seemed to carry on with no noticeable disengagement or distraction on my part, but I

reflected on this at the time and reminded myself of this risk when preparing for subsequent interviews.

3.10.9 Reflexivity in Post-Conversational Interview – The Debrief Call

Engaging in the debrief call with participants was a reflexive task and a process of refinement. Although I knew it was part of my process to do this in a week post-interview, I did this with cognition of their other life commitments and allowed space for them to feel able to reflect on the overall experience and integrate it into their lifeworld beyond their participation.

I engaged in introspection to ensure that I could professionally attend to each call and made sure that I was able to maintain consistency and reliability in my presence. I ensured that I was consistent in my professional stance towards the participants in the prior interview through to this point. This was to maintain the participants' feelings of safety in the here and now through any overall reflections of their participation. Before conducting each debrief telephone call, I internally reinforced my professional intention of not falling into a therapeutic capacity with participants, as I felt this would be unfair to them and would affect the integrity of the study and my feelings about the quality of the process. This ran parallel with a set of personal notes about each interview, participant and the defined aims of the debrief. Participants were all asked how they experienced the interview. This was a purposely open question in which to facilitate them to offer a critique, suggestions, and negative or positive reflections that I could integrate into my research process.

When examining my diary reflections on the debrief calls, what stood out were the positive responses to the study. I noted in my diary several positive comments and thanks including how one participant felt 'really positive' about being able to contribute to the research and was relieved that no participants reported any negative feelings about the research or felt any negative effects from it. This reassured me about the approach I had taken to the research and I noted how 'relieved' I was the responses had been positive. Each debrief call gave me more confidence to continue with the next interview:

I have just conducted the debrief call for the sixth participant. I feel so relieved things have gone well from the point of view of how the participants report they feel after the interviews. None, so far have reported any negative effects. In fact, I just heard that after the interview she felt ‘really positive’. I don’t think I could want more than that.

3.10.10 Reflexivity in The Analysis

Using feedback from the pilot participant proved to be integral to reflexive processes in many ways. Van Manen’s (2017) approach is inherently reflexive. I noted in my reflective diary a need to keep the analysis focused on the six steps. In particular, I reflected on how the six steps were not sequential. I also reminded myself daily of the reductions and heuristic moves (Zahavi, 2019). It was important to keep a focus on the original research question to enable the phenomenon to be revealed. During the reduction and distillation of the meaning in the transcripts I reminded myself of the need to reveal the meaning of the experience and I was able to immerse myself in each transcript. I found that as I wrote and rewrote my analysis, I became more confident in the meanings that were revealed. I felt that with later participants I was able to more rapidly, confidently and succinctly draw out the meaning in each participant’s interview. Where early in the analysis I might produce a relatively long sentence that would require further reduction, I was able to do this more quickly with later participants. One aspect that I reflected on as a hermeneutic researcher was whether the experience that I gained in earlier interviews was an aid to later interviews or whether earlier interviews would carry more weight as I revealed meaning in these interviews earlier. I reflected on my ongoing immersion in my diary and noted that I needed to ‘reveal each voice’. I recognised my learning in earlier interviews but still did everything I could to approach each subsequent interview with enough curiosity to allow new meanings from each subsequent interview to emerge. I also reflected on and ensured that I allowed enough time to analyse each interview. I can’t rule out that my learning from earlier interviews had some effect on my learning from the later ones, as each interview developed me

further as a researcher, but what I strived to do and on reflection feel I managed was to give each participant equal engagement, time and respect in how I analysed their interviews.

I ensured I went through the same process for each interview and when reducing the meaning from individual themes to themes across the participants I ensured I gave equal credence to each. This was something I noted in my diary and I reflected on a need to ‘change the order’ each time I sat down to engage with distilling meaning across the participants. I reflected on my ‘attention span!’ in my diary and tried to ensure that each interview benefitted from me approaching it with adequate attention.

3.10.11 Reflexivity in the Write-Up

Step six of van Manen’s (2017) approach involves balancing the research context by considering the parts and the whole and it is at this level of engagement that reflexivity is featured in the study. This was contained in an attitude of allowing for an unfolding of more insights and observations to be welcomed right till the end stage of submission. Pivotal to this point in the process was an intentional aim of openly sharing my observations with my research supervisors before and during writing up the findings. In having this open perspective to developing insights in the process, I gained confidence in my ability to represent and convey the findings observed and interpreted. I found this especially helpful for my process, as I was able to describe the reduction and distillation of meaning clearly and concisely at this point. At this point, I felt my critical reflexivity skills were advancing and aided my preparation for the mock viva.

I reflected on the need to represent each participant with illustrative quotes and noted a tally in my diary of examples. The participants provided large amounts of valuable data (quotes) and it was not possible to include them all. In doing this, I feel that I have addressed a need to see each participant represented, but acknowledge that while I feel the data presented is strong, this desire may not have produced an optimal selection. In a way being immersed in the data and feeling a commitment to each participant raises this possibility.

Another reflection was how difficult I found it to summarise and write up how I followed van Manen's approach, and recognise the criticisms discussed earlier by Zahavi (2020). I found it useful to consult additional aligned approaches, including that of Langdridge (2007), and understand this could be confusing for the reader. This reflection on the complexity of the reductions involved in van Manen's approach is something that appears elsewhere in the literature. Heinonen (2015), in attempting to report the method and concept of reduction, noted that in the published literature it has been conducted in different ways, that it is complex and confusing and often only briefly described. While I have endeavoured to negotiate this in how I explain my analysis, I feel I have adhered to the ontological and epistemological assumptions for hermeneutic research (Neubauer et al., 2019) and by adhering to van Manen's (2019) six steps and reductions, have immersed myself and become part of the lifeworld of the participants and been able to understand the phenomena by interpretive means. Despite these difficulties, I have managed to explain the phenomena to the participants in a way I do not believe I could have done in a better recognised and described descriptive approach like IPA (Smith, 2009).

3.10.12 Reflexivity Beyond the Write-Up

I am grateful to everyone who assisted with my research from its inception, but I am beyond grateful to the participants in a way that I struggle to articulate. I will continue to hold a debt of gratitude to the survivors who have supported my professional aims and strongly held feelings of misrepresentation and misunderstanding of the integration of CSA experiences and I hope to have supported survivor processes and represented their bravery, transparency and will in this study. I feel my findings might highlight new ways for me to conceive of relationships in adults post-CSA in my therapeutic practice.

A significant reflection on this research is my firm belief that I chose correctly to use hermeneutic phenomenology with van Manen's approach. If I had engaged with the descriptive approach of IPA, it would have been necessary for me to bracket my subjectivity during data

collection and analysis (Neubauer et al., 2019). I do not believe I could have done this. Such was my gratitude and admiration for the participants that I believe I would have failed and I do not believe I could have prevented myself from learning from the participants' accounts as they revealed their experiences to me. I recognise this is a bias, but as a researcher engaging in hermeneutic phenomenology, I recognise that my epistemological assumption means that I too am part of the world and cannot be bias-free (Neubauer, 2019). In essence, the difference between bias and learning feels almost artificial in my hermeneutic immersion; the concept feels almost intertwined and distinguishing between the two is nonsensical. Instead, I feel I have held a position of curiosity and willingness to learn and build an evolving understanding, making the difference between the two feel incidental. I feel I have developed as a hermeneutic researcher by recognising this and have become comfortable reflecting on the participant themes while simultaneously reflecting on my experience and relating the text to the whole.

Chapter 4. Findings

4.1 Introduction

This chapter presents the themes that emerged from the data with a thorough examination of participants' narratives to create a synthesis of findings and so create the themes, emergent and essential. The emergent themes show the structure of the experience of the phenomenon for the individuals and the essential themes distil the essence of the observation, meaning and interpretation in the research analysis process. Immersion in the development of the emergent and essential themes allowed for individual meaning to emerge which enhances the phenomenology of experience. The findings add context to suggestions that 20-40% of survivors had no adverse effects later in life (Paras, et al., 2009) and show the subjective interpersonal and ongoing relational challenges for all these adult survivors of CSA.

4.2 Themes

I identified twelve emergent themes from my immersion in the lifeworld of the participants, which, in groups of four, made up the three essential themes that had each been experienced by four or more participants. The identified essential themes were:

- the primacy of seeking relational safety;
- social isolation and solitude; and
- intentional social moderation.

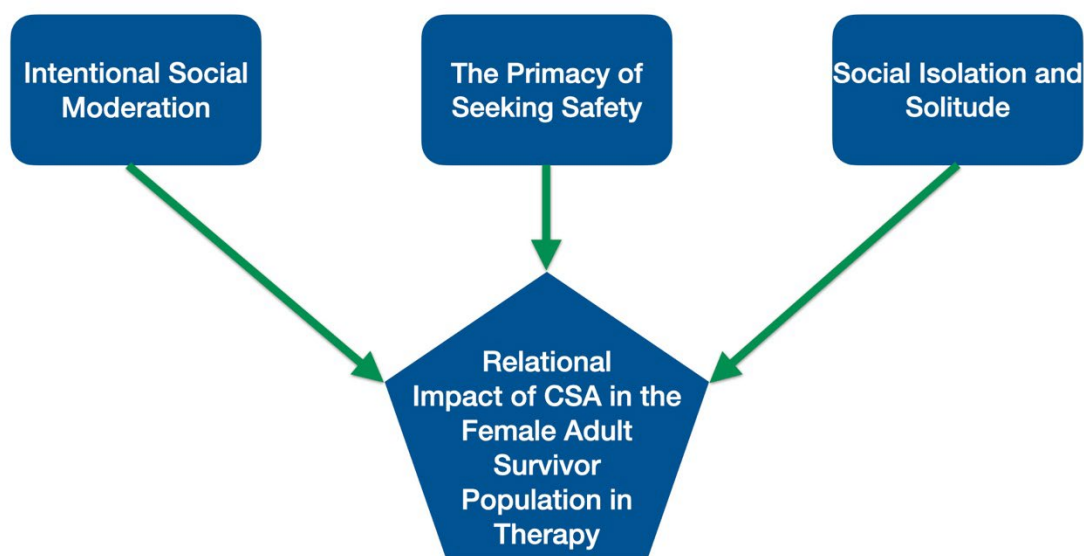


Figure 2. Essential themes

The findings from my phenomenological reductions can be seen below, supported by direct descriptions of the participants and illustrative quotes with interview page numbers. This chapter provides an in-depth examination of the participants' actions, behaviours, intentions and experiences as I engaged the participants in their lifeworld. Illustrative examples of the emergent themes are explored in more detail for each theme in subsequent sections, aligned with tenets of existentialism (Table 9).

Table 9. Relationship between themes and existential dimension

Essential Themes	Emergent Themes	Existential Dimensions
Intentional Social Moderation	How I feel others see me Being with Others How I experience myself when with others The reasoning behind my need for isolation and solitude	Authenticity
The Primacy of Seeking Safety	My individual indicators of risk Ways to ensure my personal safety Perceptions and Indicators of Personal Safety Learning and Integration of Experience	Existential Dread
Social Isolation and Solitude	My solitary response Self As Other Want for authentic social connection The Range and scale of my Isolation	Freedom and Authenticity

4.3 Essential Theme 1 – the Primacy of Seeking Relational Safety

Jonas et al. (2014, p.261) contextualise the existential perspective of perceived danger and the risk of overwhelming it can create:

Self-preservation is an innate motivational force for all living organisms. When living in a world that seems potentially dangerous, people could easily become overwhelmed by anxiety and worry if they lack adequate psychological defences against ongoing reminders of existential risk.

This overwhelming anxiety and worry aligns with the existential dimension of dread. Across the study, a phenomenon interpreted in seven of the participants was the ongoing pursuit of achieving a level of safety in their existing relational world and for potential social relationships throughout their life span. Table 10 summarises the emergent themes in this essential theme.

Table 10. Emergent themes for the essential theme of the primacy of seeking relational safety

Essential Theme	The Primacy of Seeking Relational Safety			
Emergent Theme	My individual indicators of risk	Ways to ensure my personal safety	Perceptions and Indicators of Personal Safety	Learning and Integration of Experience
Participant	Amber, Maura	Kim, Kaylee, Jane, Tamryn	Jane, Kaylee, Nina, Tamryn	Jane, Kaylee, Maura, Kim, Nina Tamryn

Participants were interpreted to have explicitly expressed a need for relational safety and conveyed an implicit driver for relational safety. For the participants involved in this study, safety was a constant phenomenon expressed in their adulthood following experiences of CSA. The participants demonstrated that humans perceive their experiences across time (lived temporality), in space (lived spatiality), physically (lived corporeality) and interpersonally (lived relationality). Interpretations were envisaged from these perspectives, and I adopted a skilled epoch to embody a freedom of thought. I orientated myself to how the women described their social relationships at both mantic and semantic levels.

While four of the participants used the term 'safe' or 'safety' directly and as an explicit need that they continue to seek to find, for three others it was an implicit need expressed in their being with others that emerged through their narrative. Jane (p. 23) spoke of a situation where she perceived a threat to herself and directly expressed this only for this felt need for help to be denied: 'I was in tears and trauma and she was like I can't worry about you right now'. Amber (p. 20) showed hypervigilance to her safety in relation to others: 'I'm really aware that there's a lot of work I need to do in order for relationships to feel safe'. Maura (p. 29) engaged in a pathologised and pre-emptive personal assessment of others' characters to try and control and maintain her existing level of safety: 'I feel like I've had a lot of friends who have had borderline personality disorder and I've become extremely attached and they've been really abusive or aggressive when I separate myself'.

Seeking safety for these participants was often in the context of requiring a high level of relational safety, but also included accounts encompassing environmental factors such as more a relational safe place. For instance, Kaylee (p. 7) said, 'Because they can tell that you're just a foreigner. Right. There was something really liberating about that social experience. And I think that continues to be something I really enjoy about being a foreigner.'. Participants showed a need for the felt sense of relational safety, which at times ranged from an overt exacting expression of safety to a sense of togetherness and connection to confirm their own internal sense, which could then be projected externally. For instance, Kim (p. 2) stated, 'As long as my daughter is there, she is like a shield', while Nina (p. 13) stated 'It's scary at first but when they're kind it validates me'. It is plausible to say that most individuals approach new relationships cautiously, yet the participants in this study describe defined emotional processes, behavioural adaptations and post-trauma constructs.

4.3.1 Existential Dread

Where safety-seeking was identified as a phenomenon, it was observed through the existential lens to reveal existential dread in its essence (Burnham & Papandreopoulos, 2025). The consequence of not feeling a sense of rational safety prompted actual feelings of fear, panic and emotional turmoil,

with an ongoing sense of anxiety in relation to being in social relationships. Seeking a sense of safety in relation to others in the world seemed to be a persistent and ongoing need across the span of adulthood rather than a temporary feeling.

4.3.2 Emergent Theme: My Individual Indicators of Risk

The first illustrative quote of this phenomenon is from Amber (p. 19) and follows on from discussing how other people would engage in casual relationships at university:

I'm really aware of that part of me at university that was like, I wouldn't want someone to feel let down or rejected or I don't really know. And so, in my head it was like, it's better to just stay away from that. And I had enough like propositions and people that mm-hmm, um, that were interested, but I think there was something in me that was like, **this doesn't feel like a safe thing to engage in.**

The context of this statement sees Amber reflecting on her time at university and whether engaging in dating and relationships was for her. In this statement, Amber used her felt sense to determine what she could engage with in a relational sense, with a feeling of safety given by avoidance. She experienced this as being mindful as she expressed 'in my head, it was like, it's better to just stay away from that', yet it is expressed with cautionary intent. The need for a feeling of safety is strongly held, demonstrated by the phrase 'really aware' and is interpreted to be said in a frame of reference to her experience as she is comparing her behaviour to that of others, but applied to multiple situations which involve achieving a relational closeness. I inferred that the feeling of safety is as important as an actual observable defined state and that Amber perceived a necessary attunement with her environment with others, and her emotions to assess the safety in relation to them. However, she imposed limits, using her felt sense. The use of the word 'engage' represents the scale of involvement as it feels absolute, but when contextualised to the text as a whole is interpreted to mean that if willing, and with an embodied sense of safety in herself, she would apply herself fully to situations

and her relationships with others. The deficit in the sense of safety is determined to prevent Amber (p. 20) from acknowledging her being in the world and this creates a narrow social worldview.

I recognised that in that situation, um, I didn't really feel like I was able to advocate for what I wanted or needed and it was, and it was also, I had a response in terms of, **I froze in a certain situation.**

I just remember crying and I, I wasn't crying cuz I was trauma, but I wasn't able to articulate that.

These statements were made by Amber when describing how she had felt in intimate encounters with her partner in a previous relationship. This reflection demonstrates the physiological and psychological response to Amber not being able to experience a sense of safety in her being, relationships, temporality and environments as an indicator of risk. I interpreted certain situations, as perceived by Amber, to represent a safe space with an implicit indication that she has identified other places (intimate encounters) as unsafe. Amber implicitly acknowledges the temporal nature of this by describing the experience in 'certain situations'. This exists for Amber internally as an identified space of solitude and she seeks to mirror this in her social world externally. Amber's safe space exists as a place to conceal and self-soothe her overwhelming feelings of fear and where she achieves a sense of belonging. The need but inability to retreat from the world have resulted in her actual 'staticity' and perceived need for a slowing of her thoughts and external forces (other people's actions). Having the ability to control this means stability and consistency and thus safety for her, and is reflected in her subsequent avoidance of relationships when the whole text is considered (step six, van Manen, 2014). There is an implicit message generalisable to other situations interpreted here: if Amber cannot find the safe space she requires, then this could be catastrophic for her ability to be present with another in romantic or social relationships and is an individual indicator of risk.

When Amber stated, 'I didn't feel I was able to advocate for what I wanted or needed' she reported how she felt her needs were being denied or overlooked. I interpreted this to be an internal

projection of her feelings and processes around being with others in her social world and had become an indication of risk. I interpreted this to indicate Amber's inability to trust and discern, but from an interpersonal perspective. This reflects a lost ability to advocate for herself and thus a loss of autonomy, which is reflected in her comments when she says, 'I'm really aware that there's a lot of work I need to do in order for relationships to feel safe'.

The statement was made as Amber attempted to put in context her feelings about relationships and how she wants to work to improve them in therapy. In this quote, Amber demonstrated a high level of self-awareness and recognition of her 'need' for an internal felt sense of safety and an interpretation of a projection of safety from another as an individual indicator of risk. She alluded to a strenuous process of self-examination and placed responsibility on herself for achieving a sense of safety as a phenomenon. The use of the term 'really' is an earnest and realist perspective on how difficult, but meaningful, this task will be, and potentially for those she engages with in her relational world.

I interpreted a subtle nod to the temporality of her feelings around this. However, I experienced an affirmative distinction with my heuristic moves between want and strong need in the meaning of this phenomenon for Amber. While she stays with her current feelings, it is expressed in relation to her ongoing and future relationships. While this is self-aware, it is also proactive and expresses a mild sense of optimism concerning intimacy. Her recognition of her need for this work demonstrated her proactive approach. This is a self-transcendence from want to need, indicating an acceptance of her ability to engage in social and romantic relationships, both now and in the future. This is also recognition and commitment to introspection and growth beyond the trauma concerning supporting and building a strong sense of self and therefore being with others, both socially and romantically. The use of 'lot' suggests the scale of work that Amber feels is required and that there is a willingness and commitment to this ongoing and active reflection. Amber wants to achieve closeness with herself and her raw authentic feelings and thus express them to others.

Amber alluded to a feeling of being nullified, which might complicate her ability to find meaning with a possible narrowing in her worldview, which could result in prolonged feelings of dread (Berra, 2021; Greening, 1992). This reflection represents a significant distance between her authentic feelings and her externalised feelings projected towards the world and with others in her social world.

I feel like I've had a lot of friends who have had borderline personality disorder and I've become extremely attached and they've been really abusive or aggressive when I separate myself. And, you know, I think that's been something that like, and not to put a label on someone else or judge someone else's illness either.

Like, that's not what I'm trying to do. But I do find myself, uh, with like attracting these people or being attracted to these people. Um, mm. And, but there is, that's something that I'm becoming more and more aware of I think as time goes on.

Maura (p. 29) described her tendency to have relationships with those who might express vulnerability. This statement was made in the context of her past, present and ongoing friendships. This suggests that, for a period, this allowed her to feel a closeness, bonding and a level of personal safety with another until it has consequences for her wellbeing and then becomes an indicator of risk. Maura described the fear of being overwhelmed and recognised the need to feel a sense of agency and personal autonomy in what she perceives as a threat to her ontological security. This suggests confidence in labelling and diagnosing others ('borderline personality disorder') in this statement as an indicator of risk conversely gives Maura a sense of personal safety as it identifies how she is working to position herself in relation to others. This statement is reflective of her feelings about being in relationships and their meaning. Maura disclosed that she has had a 'lot of friends', which may have been intended to confirm to me and herself that her observation was based on her truth as it is a frequent, reproducible phenomenon. Maura engaged in pattern recognition of this indicator in engaging in friendships of this kind, but in doing so the extreme attachment that she reports produces

predictability of others' behaviour, and despite it having adverse consequences, presents as familiar and thus safe. Maura can discern when to separate herself for her own well-being, but paradoxically she also described the lure back to such social relationships. This suggests Maura is subtly commending herself for her ability to tolerate adverse behaviour and hold another's emotional state and the meaning this provides for her.

4.3.3 Emergent Theme: Ways to Ensure my Personal Safety

For this emergent theme, the quotes are from Kim (p. 2):

As long as my daughter is there: she is like a shield.

I can use her as a shielding, as a distraction and like, oh look what, you know, my girl's name's XXXXX, what XXXXX's doing or what she's up to and things like that. Um, and that's a good distraction, but when I'm out myself, feels like the pressure is on me, you know?

These statements were made with Kim relating to her social world and in particular the parents of other children at social gatherings. This suggests Kim uses her daughter to protect her from negative perceptions or treatment from others to ensure her personal safety and that the prospect of negative perceptions exhibited by others could be internalised negatively. A person with affect phobia expects unwanted feelings to increase and uses avoidance strategies to avoid being overwhelmed. The protection that a 'shield' represents is seen to mean that others won't express so much interest in Kim as an individual, but interact with the interface she presents: the 'shield'. This suggests Kim feels a relational need for solitude, paradoxically while being with others to ensure her safety. Kim's daughter might also be strategically placed to conceal an inability to feel comfort in an authentic social interaction and feeling like the 'pressure is on'.

Saying 'as long as' at the start of the statement indicates that Kim will engage with others in certain scenarios with an important caveat that her daughter is present to provide safety. As Kim

described the shield verbally, she gestured by putting her hand over her face while maintaining strong eye contact with me as she spoke, which shows her strength of meaning in this as a phenomenon. The prolonged eye contact also helped me to understand the strength of the meaning of the perceived consequences of social engagement without her daughter. The absence of this ‘distraction’ might be intensely frightening and exposing for Kim, with significantly negative consequences and existential dread, with an unwillingness to engage further.

And now, like, if we have friends staying for the weekend, **I’ll disappear for three hours in the afternoon and say I’m having a nap** and I’ll just get into bed and do some studying otherwise I can’t cope with it.

Kaylee (p. 11) resolutely describes instances where she is hosting friends for a prolonged time, with an anticipation of its implications for her and her behavioural adaptation to a perceived sense of being unsafe. She clearly describes her planned emotional and behavioural process of managing her emotions which is an adaptation of being with others to complete withdrawal to ensure her safety. This suggests that she continually has an awareness of feeling the need to do this with the assurance she reports in the ‘three hours’ seeming familiar or rehearsed to her. To ‘disappear’ is a complete act of withdrawal, meaning she becomes unseen and unheard and is reflective of her perception of her emotional need.

Kaylee explained the emotional consequence of not realising her own needs in relation to others. This suggests that the studying which she described is a metaphorical slowing down of her behaviours and thought process, while simultaneously attending to another task superficially as a distraction. Kaylee discerned that a nap would be an acceptable reason to withdraw herself, as tiredness is a normal bodily consequence of physical overwhelm. The disappearance that Kaylee described could represent escaping her own feelings of overwhelm at the prospect of staying and thus she has developed a way to ensure her safety from the external projection of her emotions and feels that she is keeping her friends safe from her emotional response. I found that if Kaylee was able to recognise her emotions as occurring on a range or spectrum, this might be shown and she might

experience a lessening of her overwhelm with more acceptance of the temporal nature of the variation of emotional states of herself and others.

So I really thought about how to date and what I was really looking for. And so, I took a lot more time. But then I, I mean I thought I took a lot of time because this is a wild story. Um, my cousin's like, go on these dating sites. I'm like, I am not gonna do that. And she's like, that's the way people date. And I'm like, Uhuh. She goes, I'm serious that people do this all the time. **I go, okay, so if I go on the date, are you gonna watch me because I don't wanna get kidnapped?**

Jane (p. 11) provided a hypothetical example of testing her safety in relationships, which could be irrational or exaggerated to the casual reader, but the scenario of meeting a man feels genuinely unsafe to her. She therefore feels a need to find a way to ensure her safety. This suggests Jane is asking a bigger philosophical question of herself, 'Am I safe in the world with others?' as she is explicitly asking her friend if she will ensure her safety. Jane is paradoxically also seeking an assurance of her safety from her cousin. This suggests that relationship duration appears to be a significant factor for her in achieving a feeling of safety. A further interpretation is that she is saying that under the right conditions, she could allow for an ambiguity of meaning in an encounter with a relative stranger. She may expect to feel trepidation but be willing to plan how to mitigate it.

The significance of achieving a feeling of safety in romantic situations is shown as Jane refers to a 'date'. The dating process involves getting to know if the other person is safe and again Jane attempts to give some of her individual responsibility for her personal safety to her cousin. This suggests that, while she provided a possibly irrational possibility of kidnapping, she expressed it in a rational and real way for her. I experienced her inadvertently acknowledging the temporal nature of her extreme fears as a phenomenon, but identifying a solution: to ensure her safety with the presence of her friend. However, the fear of harm is a significantly held internal response, which she is mediating through her relations with others. If Jane could apply courage to her dating in recognition of the anxiety, doubt and fears it engenders, she might feel an overall sense of safety in herself and

others. It may be the denial of personal responsibility that prevents her from being able to engage in this endeavour with a sense of agency.

Um, **it wasn't safe because I couldn't bring myself, it was conditional.** Um, and, you know, fearful of, of what would happen of being annihilated. If, you know, if, um, uh, you know, if I brought myself and then something was taken advantage of or something angered them, you know, whether they take advantage of, of my vulnerability. So, so I kind of almost didn't put myself into place where I felt unsafe.

Tamryn (p. 7) expressed confidence in her recall of a previous relationship as 'unsafe' and her subsequent avoidance of the unsafe nature of a romantic relationship. This suggests she expressed a high level of personal assurance and clarity in her perception of being at risk of being 'annihilated'. Her description of bringing herself suggests that she has a good understanding of a healthy relational dynamic and the ability to bring negative and positive aspects of her known self to a romantic relationship. I inferred from my immersion that this related to her feeling 'vulnerability' and risk of being 'taken advantage of'. However, in this romantic relationship, she felt unable to do this and felt at risk. This suggests Tamryn adjusted to adverse life events with a high expectation of herself and the relational dynamic, which largely stems from her ability to have a strong sense of personal safety to ensure her sense of relational safety. This quote also showed Tamryn's value system around the importance of authenticity for herself in interactions as she sought to 'bring herself'.

4.3.4 Emergent Theme: Perceptions and Indicators of Personal Safety

For this emergent theme, the first quote illustrative of the phenomena is from Jane (p. 10):

This is the friend that, like my gut, my blanket like, like my, the two friends that I was telling you about mm-hmm. It was like, **well, the ones I know the longest are the ones that have kept me safe.**

This statement was made when discussing different relationships and friendships across her life. Nina presented this statement in a self-assured manner and discussed the phenomena of her perception of how her personal safety could be indicated. This was evidenced in her use of language starting the statement with 'well'. She made a positive association with time or longevity of relationships and safety and ascribed some of her feelings of safety as arising from her interactions with others, but an important caveat was that she assigns others a large measure of responsibility in her perceived indicators of safety. It felt significant that Jane grouped these two friends as 'the ones'. It showed a consistent pattern of active reflection on how her friendships are working for her in her personal life. This regular re-evaluation could be positive or negative and healthy or unhealthy. Here it is a positive process, where she implicitly expresses gratitude towards them and is a nod to her autonomous stance in relationships.

Um, and it was almost like going to XXXX being a foreigner speaking, learning to speak fluent XXXX, but no one ever knew what class you had come from, what educational background you'd come from. **Because they can tell that you're just a foreigner. Right. There was something really liberating about that social experience. And I think that continues to be something I really enjoy about being a foreigner.** And I've often wondered whether my, whether one of the factors in me choosing to live abroad was my experience of sexual abuse.

Kaylee (p. 2) discussed how and when in her life she formed lasting friendships. She described her experience of the phenomenon of living in a different country and the behavioural shielding of her authentic self is enabled, with the portrayal of an inauthentic self in her external projection to those around her under these conditions indicating safety to her. She feels this served to protect her, provide freedom and give her an internal sense of safety. She implicitly defined it as an interpersonal and relational need for anonymity in her being in the world, which I interpreted to originate from not having a relational sense of safety in her home country where she is not shielded by

being an alien. This shielding then indicates safety to her, which demonstrates both this and the previous emergent theme.

Kaylee's statement felt assured. This was highlighted in her expression of 'right' which felt self-confirming, rather than seeking others' confirmation. This suggests her lived experiences of existing in this way have provided her with this firmly felt indicator of safety. I experienced the use of the word 'liberating' in the felt sense as an overall summation of the liberation and constancy of the experience allowing Kaylee to conclude that she is concealed and thus safe as an outsider in a foreign country, which is paradoxical in essence. This alienation indicated perceived safety. I felt that Kaylee's experience of this self-protective behaviour and psychological sense-making left a question of how she would feel if she could not maintain this relational distance and this boundary between herself and others in the world with her.

Um, I guess **when they didn't leave me behind all the times that I gave the option to when they chose to stand by me when they didn't have to, cemented my love for them and my feelings of safety with them**, which is something that I'd never experienced before in friendship.

Nina (p. 9) made this comment in the context of feeling valued by her friends. She succinctly described the value and meaning of friendships that she determines were safe for her to continuously engage in. She was then able to use her personal autonomy and agency to identify her needs in her friendships more broadly. Yet, I discerned an interesting distinction in the indication of relational dynamic: the feeling of 'love' and 'safety' worked simultaneously to give her an overall sense of security in herself and with others. Nina sought safety with others but wanted to offer love to others. 'My love for them' felt significant as a way of describing the reciprocal love rather than to say 'the love'. 'My love' is significant, in offering herself and taking an over-responsible stance to the love in a social or romantic relationship and its indication of safety. This suggests Nina described 'them' with unwavering static confidence and self-assurance in her conceptualisation; she considers it a statement of fact. It made no reference to an evolution of herself in social relationships but is a convincing

confirmation of how she will be with others in any relational context. If felt as though, if Nina felt comfortable and safety was indicated in a social world, she could apply the notion of this to social engagements.

The phrases ‘when they didn’t leave me behind’ and ‘when they chose to stand by me’ were focally important to her in indicating perceived safety. It elucidated more than a real-world experience, as on a spiritual dimension, it affected her existence. Nina reflected on what makes her feel safe in the relational world, with that being a sense that she mattered to another and that her presence in that dynamic was meaningful. Nina alluded to an almost unconditional meeting with others where she might have revealed parts of herself that were difficult for her but nevertheless felt accepted, which indicated safety. This suggests the other’s choice was significant to her perception as it required conscious thought of the implication to Nina and the other. ‘Left behind’ felt symbolic of her emotional positioning in respect to her process and suggests that the others are growing, evolving and moving forwards, while she risks remaining static. This requires self-awareness but is heavily introspective rather than based on her own observations of herself in dynamic or actual behaviours.

So yeah, not wanting to be damaged. So, I think even being in touch with the sense that something’s damaging me, that would be the, the social relationships or the romantic relationships, you know, in being, being tolerant, being frozen thinking, okay, I can withstand whatever’s coming at me. Um, has, I think has disconnected me from the damage that those relationships might have been doing me.

Tamryn (p. 11) made this comment when reflecting on some of her adult relationships. She expressed a fear of further and compounding effects on her sense of self from her interactions with others. With a strong sense of assurance, she directly cites being with others as a risk factor for her ongoing emotionality. This suggests while she portrayed a determined effort to protect herself in her adult relationships this was counteracted with the use of negative language used, such as ‘damaged’. This is a static representation of herself in the world and her perception of indicated safety with a

perception that, in trying to be ‘tolerant’ in a relationship, she is opening herself up to ‘damage’. For Tamryn, this suggests the very notion of being in a relationship indicated a risk to her safety.

4.3.5 Emergent Theme: Learning and Integration of Experience

For this emergent theme, the first quote illustrative of the phenomena is from Jane (p. 23):

And I didn’t want to go, but she couldn’t go unless I went with her because her mom didn’t want her to go alone. And like I said, I’ve known them since forever. And so, she made me go and, um, technically she was the person that I was trying to tell, but she was so sick to her stomach from drinking that she just pushed her hand and said, ‘I’m not, I’m, I can’t worry about that right now’. And I just remember feeling how fucking selfish she was, **I was in tears and trauma and she was like ‘I can’t worry about you right now’.**

Jane described an experience of being extremely upset at a party and trying to convey her upset to a long-term close friend, which I interpreted to mean that she had integrated deeply into the meaning of relational safety. This was highlighted in her description of her pain and tears as she experienced a close friend dismissing her feelings and most importantly rejecting her plea for support, despite only being in the situation to support her friend. This deprived her of a feeling of personal and relational safety. She also described an experience of a trauma response which would most likely have been frightening and she both implicitly and explicitly conveyed a need to be met.

In her description, Jane conveyed the level of rejection and viewed it as a progression from upset to a ‘trauma’ response and experienced disappointment that no support was experienced, evidenced by her use of the word ‘fucking’. Jane does not extend this description to include how or if she internalised this response into coping strategies directly. I interpreted this as significant, as her response to her experienced need was limited to her internal coping mechanisms; no external support was available. Rather, it was actively and openly rejected with the phrase ‘I can’t worry about you right now’. Her description of this experience was presented in a similar factual manner, which felt

symbolic of the end to both sense-making around this experience and exploring why her friend might have responded in that way.

Like my parents kind of knew about it and turned a blind eye because he was only 16 years older than me. He was, you know, quite cool and kind of the son of a family friend. And they kind of, you know, he was a bit of a bad boy, but **he was very kind and they kind of let it happen.**

Kaylee (p. 7) discussed her parents' response and their perception of her abuser, 'the son of a family friend', in a process-like manner. She described this in a cautionary way that alluded to the value of needing transparency. She experienced a personal deception by her abuser that extended to him also deceiving her primary caregivers which she had integrated into how she perceives relational safety. She described how through the abuser's kindness they felt he was safe and thus safe for her to be around. Kaylee's statement shows her parents' behaviours around safety in addition to her own. This suggests in this instance the word 'kind' has two meanings for Kaylee: one an outward portrayal of a character trait which will always be subjective, and the other used in reference to a feeling and thus an inability to attribute a negative narrative about her parents and their inability to protect her. When she says that they 'let it happen', I sensed this reflected the sequence of events as opposed to an emotionally charged response. This suggests it is a considered perception and comes with a learnt deadening of feeling rather than an escalation of it. In this sense, this statement refers to her processing and sense-making in adulthood and is protective of her current awareness and previous reflections on her relationship with her parents. Kaylee could thus then be seeking to protect herself from the realisation that her parents are culpable while integrating the meaning and impact of the event into her being. This demonstrated her thought process around her parents' distorted perception that led to them permitting a distressing experience or event. This suggests her disappointment in her parents and how she integrated that perception into her dynamic with them was shown by the phrase 'turned a blind eye'. She felt that even her view of the experience as significant had been denied in her parent's eyes.

I think there's a definite fear with me that when I fall in love, I fall in love hard and I think I kind of put everything before myself. I know that I know these kinds of, I don't like, I know the way I am and it's like that person will become my everything. And I, I can't give myself like that to someone and I need to kind of learn how to not, and yeah.

Maura (p. 27) made this statement while discussing her life priorities and putting her career ahead of a romantic relationship. She spoke in an earnest manner that reflected the sadness of this experience and her realisation of her tendencies in a loving relationship. The statement felt reflective and indicated her capacity for learning from experience, but I also experienced it as cautionary. The statement starts as a broad description of a potential consequence ('fear') but progresses to a phenomenological account that feels more than reticent. Maura explained that the prospect of being with someone romantically presented to her as an unsafe place, and when in a relationship she has learnt that she loses an autonomous sense of safety she has integrated into herself as that person will 'become my everything'. This suggests that she was implicitly stating that she had learnt that feeling a perceived sense of safety with another could inadvertently leave her emotionally unsafe. Maura centred this experience around herself by saying 'with me' and it is reflective of her thoughts and behaviours. I interpreted the words 'definite' and 'fear' as a literal reflection of her own continued observations and learnings of herself with another in a romantic capacity. Maura has learnt that being in love authentically can be unsafe despite its pull of security. This suggests rather than gaining an intimate connection, she loses recognition of her needs and has learnt to anticipate severe consequences for her emotional safety which she feels a need to protect.

So there's this part of me that is like a massive control freak. I say this all the time. I need to be in control of everything. When I, I feel mental when I'm out of control. And so there's like, there's, there's a, like a negative and a positive to it is because I like, I, I want to control the un-controllables when I know like, there's a

part of me that loves to be in control, but also to let part let go of the parts that I can't control.

This suggests that, for Maura (p. 25) to feel external and relational safety, she must achieve a high level of control over her expressions of herself in the world. The magnitude of her perceived self-identified challenge is reflected in her use of the words 'massive' and 'everything'. To make sense of her realisation and overcompensating, she states that 'I say it all the time'. This suggests that if she says it frequently enough, she will feel a familiarity with it and autonomy of her experience which would give her a sense of personal safety over her own feelings and behaviours. When Maura starts the statement, she quietly says, 'So, there this part of me', which is interpreted to mean that the experience of being a 'control freak' is isolating. 'Part of me' is interpreted to mean an isolated part of her that Maura is unable to integrate into her self-concept. Implicit in the meaning of this is that if Maura feels she can control herself, that can give her a degree of feeling of safety in a relational sense.

Chaos is normal to me and I tend to gravitate towards that chaos.

Kim (p. 16) conveyed ease as she made the preceding statement, but I also interpreted a degree of apathy which is incongruent with the confidence observed in her spoken words. Further immersion in her static nature when this was discussed was interpreted to represent the importance of her sense of agency in saying the statement and her ability to engage in it. It felt apparent that the predictable and learnt nature of her lived experience of chaos was comforting in its familiarity, and indicated safety: it provided a 'normal' experience that concealed an authentic experience of the self, others or the environment. Kim assumed I would know what this chaos entailed, but did not seek to clarify what this was like for her. She had learnt to adapt to it in such a way that it felt so normal it was hard for her to grasp that it might not be something another would not have learnt. This suggests this significant longitudinal observation and insightful description of her own behaviour is a powerful description of her engagement with her environment using her own words. Although, not a description of what the chaos is like for Kim, 'that chaos' is a representation of her engagement with her process, with 'chaos' a learnt defence against managing her authentic presence in relation to

others. When considered in the context of her apathy, I considered that Kim sought to convey that she has learnt the power in both the verbalised recognition of this and her ability to tolerate it as an external projection. However, in this integration of experience, she has also learnt a level of insecurity about this as she engages with her recovery.

I screamed for help from GPs and CPNs. Um, and I'm still lying, sobbing on the floor.

Kim (p. 6) appeared astute and fully engaged and sat upright as she clearly described the depth of her need for support. She was able to place herself in the emotional need of the situation she described, with a focus on conveying the scale of her need for help. This suggests her self-determined need for professional support confirms a high level of self-awareness. Yet, the emotionally descriptive nature may be where her reflection ends. Kim sought support from all available professional sources of help, which is proactive and transparent and elucidates the embodied nature of her emotional state. She does not describe seeking help from means of a social support network (friends and family which suggests that she had learnt to judge the severity of her emotional state but did not feel able to call on all possible means of support due to integrating the previous response and failures to help into her learning).

Kim was coherent but nondescript in how she wanted professional help, but still conveyed the scale of her fear with the term 'scream'. I interpreted this to mean that she had learnt and integrated, from previous experience, the need to convey the strength of her need for help vociferously to be listened to. In seeking help from these services, she was engaged in conveying a vulnerability of her psychological state and need for relational support in her individual experience. This required trust in the process and in others and suggested that the role of these services had become something integral to her method of seeking help and therefore safety. This suggests that she had learnt of the need for services to help move beyond her emotions and to seek a state of peace of mind, a reduction in feelings of fear and likely an externalised fear response.

Usually a message saying, you know, I've written something, do you want to read?

Or I've written something that I would like you to read and this okay. Or not.

Okay. **It's scary at first, but when they're kind it validates** me and my reason for wanting to share it, which is wonderful.

Nina (p. 13) discussed sharing her written articles with friends. In doing so, she exposed personal aspects of herself both by sending a message and asking the question, 'Do you want to read', and showed she deemed the potential for a positive response to be worth the risk. Despite initial worries, she had learnt and integrated that it could have benefits for her in terms of assisting her ability to integrate into the social world. She transcended her concern with an outward display of confidence and had learnt to recognise the potential for validation from friends. This suggests that she might take on this positive perception and integration further. The importance and risk of others' perceptions in relation to her self-worth was indicated by the word 'scary'. Nina projected a vulnerability. This suggests her ability to tolerate the ambiguity of another's response was promising in her post-traumatic growth and further integration of positive experiences. I observed that Nina had learnt to be vulnerable to some degree, with a hope of kindness to allow a strengthening of her self-esteem. However, I also felt that the expected safety that ensues with respect to her place in the world is dependent on the feelings of others rather than from her and so may not be reliable, which could lead to integrating negative experiences.

I realised who do I go to when I'm wobbly, who's safe for me to go to when

I'm wobbly. So, I've been filtering a few people, uh, or a couple of people out of my life because they're, um, uh, you know, really, I realised the dynamics where that they would kind of expect something of me.

Tamryn (p. 7) conveyed great emotional processing and a high level of personal insight as she considered her individual safety, from a deeply interpersonal perspective, in the integration of her world and relationships. She alluded to a broader philosophical perspective, implicitly considering where or with whom her safety in the world resided. There is a paradox in her need for safety, which I

interpreted to suggest that she felt it to be an unquantifiable and insurmountable phenomenon. Her reference to feeling ‘wobbly’ means times when she is experiencing low to moderate levels of anxiety, worry and overwhelm. This suggests she had integrated a sense of unknowing into who to seek support from, while also having learnt the need for support and has now developed a process to select or filter friendships with ‘dynamics’ that benefit both parties. This suggests Tamryn wanted to couple social support and affirmation to create a sense of safety, with her own ability to contribute to this which is hopeful. Tamryn has learnt to recognise the role of others, social interaction and the importance of social integration in being in the world.

4.4 Essential Theme 2 – Social Isolation and Solitude

Yalom (1992, p.228) provides existential context for this phenomenon with this statement:

At times I think I’m the most alone man in existence. And...it has nothing to do with the presence of others – in fact, I hate others who rob me of my solitude and do not truly offer me company.

The second essential theme, social isolation and solitude, has notable consequences for the freedom and autonomy of the participants. Five of the participants demonstrated this theme. Table 11 highlights the emergent themes and participants for each.

Table 11. Emergent themes for the essential theme of social isolation and solitude

Essential Theme	Social Isolation and Solitude			
Emergent theme	My solitary responses	Self As other	Want for authentic social connection	The Range and scale of my Isolation
Participants	Amber, Maura, Kaylee	Amber, Tamryn, Kaylee, Pally	Amber, Tamryn	Amber, Tamryn, Maura, Kaylee, Pally

This theme demonstrates both an adaptation to a perceived sense of isolation and the protective mechanism used as participants attempt to not further compound the sense of isolation. The narrative accounts represent interpersonal isolation which can be demonstrated by subsequently behaving out of a desire to be loved. Existential isolation may be experienced during key moments in

life such as traumatic events (Yalom, 1980). Existential isolation is evidenced and interpreted in all extracts with a conveyed felt sense as it has contributed to the individual's level of integration and has affected their social construction of reality.

The narrative extracts in this section demonstrate the internal processing of feelings of isolation and the internal processing of feelings of isolation that result from attempts to share difficult experiences and feelings with others whom the participants deemed as unable to attend to them. For example, Tamryn (p. 8) stated, 'I was asking my brother for an authentic connection and he turned around and pathologised' and Amber (p. 13) stated a longing to 'just to be able to share those moments'. The participants self-retrench in historical and current perspectives of social isolation and contextualise the feeling in a range of situations. For example, Maura (p. 33) stated, 'I would go through all these kind of things alone, and internalise them' and Kaylee (p. 2) stated, 'I think I struggled to form friendships after this happened to me'. This includes physical emergencies where a connection with another might have helped with the sense-making around the experience. For example, Maura (p. 26) stated, 'I was alone in hospital, I was alone when I went anywhere'. The relational consequences of CSA were described as a loss in terms of social connection and ability to feel a sense of belonging. For example, Tamryn (p. 6) said 'So, this is a theme throughout my life. I never really felt as though I belong'.

4.4.1 Freedom and Autonomy

The essential theme of social isolation and solitude when viewed through the existential lens was interpreted to affect the participants' freedom and autonomy (Burnham & Papandreopoulos, 2025). I interpreted this as resulting from the deliberate isolation that the participants carry with them through their experiences leading to reduced freedom as they seek solitude. They seem to have bound themselves to a process or 'law' of seeking solitude in respite from the challenge of social contact with a responsibility to isolate and hide from their social world. This set of internal rules or 'law' in turn affects their autonomy as it influences their choice-making.

4.4.2 Emergent Theme: My Solitary Responses

Again, Amber (p. 5) provided the first illustrative quote for this phenomenon.

I speak to friends every day...Uum, I don't know, like, I dunno, like, obviously I'm at work most of the time, but, um, I, I have colleagues that I would consider friends as well and colleagues that I see outside of work. And, um, uh, what else? **I isolate, I need time to myself to recharge, to self-reassure.**

This statement was made in response to being asked about her social world and what she does in her free time. I experienced an immediate and strong sense of the phenomenon of solitude in both dialogue and appearance from Amber. Although her presence felt warm and personable, she firmly self-referenced around how she plans to isolate, which I interpreted to be expressed with familiarity. Her use of words suggesting a lack of surety ('um' and 'dunno') in the first part of the quote gave way to a sureness in the last sentence. Her affect felt strong and confident, almost formidable, yet her frequent use of 'I', 'self' and 'myself' was pivotal to this phenomenological theme. This suggests her self-references and need for recharge conveyed a deep perpetual and active introspection.

In her verbal and non-verbal communications, she sat forward for the duration of the interview which I experienced as her wanting to be seen as engaged which I considered in the context of referring this part of the interview to the whole (van Manen, 2014). The details of her need to recharge in a period of isolation and to self-reassure suggested that she has determined she requires solitude to feel safe. I felt a distinct perceived need to achieve separation to free herself from the complexity of being with others, for instance after speaking to friends or work colleagues. Amber was also explicit in her intentionality. The 'need' to 'self-reassure', in the context of the rest of her statement, is identified as something she feels she has done, currently must do and plans for into the future. I also interpreted that this mention of 'self-reassure' is in reference to having, or feeling she has, nobody else to reassure her.

The resoluteness of this statement appears to mean that being able to self-reassure independently is significant to her in terms of responsibility and agency over her life. Amber's stance is one in which her feelings around her personal autonomy have demonstrated, in the absence of another, a need to be self-reliant to provide comfort and soothing. This self-reliance, being a deliberate choice, originates from a learnt behaviour and perhaps adverse situations; while she perceives the existence of friends, ultimately, she relies on herself.

Because, you know, the, the one thing that I'm like, I'm really trying to like, get into my head is like, in this world, we're alone. And I find comfort in that **I find comfort in knowing that we are alone**. To be alone with myself and be comfortable being alone with myself and not have to have these intense you, you know, relationships cuz they're not healthy and they're not beneficial.

Maura (p. 28) made this statement in response to being asked about her feelings in friendships. She described her process and implicit sense-making in this statement, highlighting the importance of the phenomenon of solitude as a comforting experience. Immersion in her experience and referencing the whole text revealed that she arrived at this point through adverse situations in which she sought help and support and unfortunately, if any was offered, it did not meet her needs. The comfort she described has developed from an adaptation to limited expectations of relational support and 'intense' relationships that were 'unhealthy'. This suggests solitude was comforting as having high expectations of support from another could leave her with feelings of disappointment or ambiguity towards that other, which would reinforce her feeling of being alone, but not through choice. This has led Maura to develop a high level of self-reliance in terms of protecting herself, which is experienced as a static state and how she envisages continuing to manage her challenges. There is an implicit demonstration that Maura has consciously chosen to adopt some form of deliberate isolation of self.

I think I get quite tired from being in the company of others because I feel like I engage wholeheartedly when I'm with other people and I think that's quite draining. And **I think that's why I need to withdraw** and have downtime.

Kaylee (p. 11) described an active reflective ongoing process showcasing solitude as a response. This statement was made in response to being asked how interactions with others affect her. This statement is contextualised, when referred to the whole, to mean that she perceives that if she withdraws, which isolates her physically and emotionally, she is protecting herself as she has learned that dialogical contributions to the adverse experiences from others are not available to her. This suggests she discerned this as a need and a conscious choice in her adult relational dynamic, which is important in the context of the events that led to this. I interpreted this to be a learned behavioural response that serves to reinforce a perception of her sole responsibility for self-protection. It suggests that the effect on her freedom and autonomy in these interactions is experienced as 'draining' and she seeks solitude as a reflective response.

4.4.3 Emergent Theme: Self as Other

Pally reported this quote which illustrates this phenomenon:

Once I'm in that relationship and they have then attached to me. **I suddenly realised that this person that I've come to get to: this person is not who I am,** but I, I have a connection that I don't want to lose.

Pally (p. 9) made this highly reflective statement when discussing how she perceived herself in relationships. It describes a level of ontological insecurity and confusion around her sense of self and being with others and suggests that she sees herself as the other or becomes the other in the relationship. While also being a reflective statement, I saw it as earnest and transparent about her lived reality and social interactions. The phrase 'come to get to' acknowledges the interpersonal effect of past experiences which could threaten to alter her ongoing social connectedness and level of interaction. The sudden realisation and transparency in the quote suggest that while Pally is currently

confused about how she is in the world with others, she is potentially aware and open to further self-exploration which could have a positive effect on her social relationships. She does not want to 'lose' the 'connection', but recognises that she has lost her freedom and 'who' she is.

I think in my head I was like, am I not? **I wasn't significant enough.** but I think it felt like it was a battle that I was fighting on my own in some ways.

Amber (p. 9) made this reflective statement, which I experienced as sincere, authentic and embodied when discussing dealing with a physical illness and the reaction of others. It represented her perceived lack of value in her existence: a sense of insignificance and being 'other'. This statement was verbalised casually and comfortably in a larger dialogue and there appeared to be little emotional connection between these words and her associated feelings. It felt as though she had confirmed this phenomenon in herself and accepted this feeling as a representation of herself in her relational world: that others did not see her as important or significant. When considered in the context of the whole text (van Manen, 2014), I saw how her experiences with others made her feel and the effect of this in her life. It elucidated a strongly held belief around her lack of value with being different or worse compared to others with sedimented feelings about herself around this.

Yeah, so yeah, I went, I, I went to university, took a took year out. Um, I had friends but never really felt part of a gang. **So, this is a theme throughout my life: I never really felt as though I belong.**

Tamryn (p. 6) reported an observation and shared her personal sense-making of her place in the world while discussing her friendships as she moved from school to university. This suggests that she is self-reflective and self-aware and has engaged with her processes of healing on a cognitive level of conceptualisation. This suggests her description of not belonging detailed a persistent feeling rather than a situational or contextual one; it had a temporal nature and fixed her as being 'other' and outside of the social world. As Tamryn noted a persistent feeling of not belonging and holds this feeling, she risks integrating it into her relational behaviours and ability to freely integrate with others.

It was framed as a representation rather than giving some indication of wanting it to improve. I experienced it as a representation of where she places herself in terms of finding a sense of belonging. She described this feeling in a very matter-of-fact way and with familiarity as if it is something of which she had developed a level of acceptance. It was a point of reference for her.

And no one talked to me about it. And it just went on and on and on.

Kaylee (p. 7) described her unmet need succinctly in the context of her experience being acknowledged by her loved ones, who were aware of her abuse and abuser. I felt she was looking for someone to explain to her the absurdity of the episode she had experienced and they were unable to do this. When coupled with 'and it just went on and on and on', I sensed that Kaylee believed that the consequence of her not understanding what had happened to her initially, with no one speaking to her about it, went on: it made her different in a perpetual state of 'other'. This suggests she required confirmation of a feeling of the absurdity and the experience she was exposed to. She required an emotional or behavioural intervention from another in a relational dynamic. Kaylee implicitly described the repetitive nature of a need to share her experience and wanted relief from repetitively trying to process this deeply adverse experience in solitude. Kaylee then internalised the experience as one that denied her the ability to relate to others and that if she could have shared the effect of this experience with another, she may have been able to make sense of it, or engage in meaning-making around it.

4.4.4 Emergent Theme: Want for Authentic Social Connection

Amber demonstrated her want for a social connection:

Just to be able to share those moments, those really like normal moments of watching TV.

Amber (p. 13) momentarily detached herself from the present in describing an imagined sense of how life could be if she could achieve an authentic romantic relationship. This makes it difficult to

be emotionally close and motivates them to avoid forms of relational intimacy. Amber seems to want something that remains outside of her grasp and control. Amber referred to a simple need that conflicts with this, an autonomy of choosing to be in a reciprocated dynamic with another, which I felt she perceived as impossible to achieve. When Amber made this statement, I observed her body language and witnessed a few seconds of elation or excitement rapidly followed by her stature and posture shrinking. I interpreted her body language as demonstrating a powerful need for an authentic embodied connection, a want to get closer to her desire for holistic closeness with another. This was followed by internal modification, a checking of herself, then retreating into an established way of being with distance from the other (person) and this idea. I sensed both a fear and an overwhelming emotional response with a strong possibility of shattering her self-imposed emotional safety mechanisms if engaged with too far. Amber's use of the term 'those moments' suggests important moments in life where she wants to include and connect with others. Perhaps the sense of freedom and autonomy around her isolation creates conflicts with this desire.

I was asking my brother for an authentic connection and he turned around and pathologised, oh, you're asking for too much, you know, it was almost like, oh, you are being a drama queen, you that kind of thing. You are asking for too much, you know, that kind of narrative.

Tamryn (p. 8) was observed to engage with meaning-making around this lived experience as she demonstrated her need for an authentic connection. It felt significant that she had courageously expressed a relational need directly by asking for closeness with her brother. He was unable to meet the need and presented her with an abstract offering of his sense-making, that not only did not meet her need, but left her feeling exposed and less likely to seek this level of authentic connection with him again. She described how he turned around and this is interpreted to be metaphorical of not being able to attend to her and turning away from her need and struggle. Tamryn conveyed vulnerability and openness when explaining this and showed the processes in which she was containing a level of

rejection. This was said with sadness and a distancing around the consideration of what this might mean for her relationship with her brother and potentially for others in her social world.

It wasn't love. Mm. Um, you know, and it wasn't healthy. **It left me feeling alone again but that's something I'd always been used to emotionally.**

Tamryn (p. 24) made this statement while discussing how she felt after an intimate relationship ended. Tamryn described how her lived experiences led her to determine that she is isolated in making sense of her experiences. Her past recollections of situations, including this example, confirm her feelings to her and her familiarity with not achieving the authentic relational closeness she wanted. This suggests Tamryn moderated the effect or effects of feeling alone by creating a caveat in her sense-making: she explained that it is something she's grown used to and is familiar to her. I interpreted this familiarity as a protective mechanism that reinforced her feelings of not wanting authenticity with others but with a learnt reticence to be vulnerable or share her emotions with others. Tamryn felt alone with her emotions and she understands them well in her conceptualisation of a conformational bias, but she might not be able to share this with the external world.

4.4.5 Emergent Theme: The Range and Scale of my Isolation

Tamryn's quote (p. 24) from the last emergent theme also demonstrates the phenomenon representative of the range and scale of her isolation.

It wasn't love. Mm. Um, you know, and it wasn't healthy. **It left me feeling alone again but that's something I'd always been used to emotionally.**

This powerful statement suggests that there was a representation of the scale, recurrence and perceived permanence of her experience of isolation, evidenced by the use of the words 'always' and 'used to'. It felt familiar and confirmatory, with a resoluteness and personal gravity attached that highlighted the depth of the effect.

I feel like something had been taken away from me. Like I think if I didn't have my life experience, then I may have settled down with someone by now. And at the same time, if I look at it in the sense of, do I want to share my space with someone else, do I, would I want children and have to deal with the responsibility?

This powerful statement was said in direct reference to Amber's (p. 21) experience of CSA. It reflects a deep ongoing and strongly held sense of loss which has invaded all areas of her existence leaving her feeling deeply isolated. Freedom is expressed differently here, where Amber alluded to valuing freedom from others. This extract shows that Amber feels her freedom was taken from her: a feeling she still retains is sensed in her unspoken words and expression of emotions. This is observed and Amber feels she is not free of the effects of the abuse on her freedom to be her authentic self in relation to others. Instead, she experiences the opposite of freedom in a large-scale binding of herself to the experience creating isolation. I recognised a strong resonance in her words as she pointed to her heart as she made the statement and there is a strong sense of exclusion from others because of both the cause and effect. She is left with confusion in her sense of self, but paradoxically a familiarity and sense of safety created from within is gained from her realisation. In relation to her proactive attitude towards her participation in ongoing therapy and this study, the use of 'feel' is important. It suggests that this could, if cultivated in the right way, be a temporal feeling and one which if supported well therapeutically might become an area in which she can apply agency and autonomy and develop a greater sense of self after her trauma and reduce the scale of her isolation.

I was alone in hospital; I was alone when I went anywhere. Um, but yeah, it was quite wild to, and you know, that was also something that like, I look back on now and I'm like, wow, maybe if I had this initial, these initial checks that I had the first time, not just like this a male, you know, GP kind of brushing me off or saying like, yeah, just get her psychological help and that's it.

Maura (p. 26) described an acute situation where she required medical attention and the scale of isolation she experienced throughout her world. Hospitals are typically busy environments, but

Maura still experienced solitude, which is particularly meaningful. This suggested the feeling of loneliness was related to her CSA experience and the emotional impact. As an extension of feeling ‘alone in hospital’ and ‘brushed off’, Maura was also aware of this in all other environments. Maura’s description shows her feeling unable to share her experience and resultant emotions and questioning if another could meet her emotionally and understand the scale of her isolation. While the ‘hospital’ represents a crisis location, ‘anywhere’ else includes a large proportion of friends, strangers, acquaintances etc. among whom Maura feels alone. This reflected a prolonged or continuous perception of an inability to share. I felt this highlighted how Maura internalises her challenge and views her isolation as an immovable object.

Because I think there’s been a lot of times when I wasn’t so, you know, and **I would go through all these kind of things alone, and internalise them and just sit there with like, like a giant knot you know, it was I was just, my body was one giant knot.**

Maura (p. 33) alluded to different scenarios where she has felt alone in her experience and subsequent feelings. I noted that Maura included her mind and body in this statement, which suggests a behavioural and emotional response to her feeling of being alone with the scale of her isolation linked to a physical description. Maura was seeking to share her challenges with another to no avail. She described her attempt to understand her challenges and engage with sense-making. This suggests the ‘knot’ that Maura described is representative of a feeling of not knowing what to do with a range of difficult emotions: she internalises them as she feels ill-equipped to express them to others (or undo the knot) and integrate or process them. ‘Sit’ was interpreted to indicate an inability to move through the processing, an almost stunting of it.

They’re those, um, interestingly enough, **I think I struggled to form friendships after this happened to me.** So, like, I don’t have any friends from university and didn’t form lasting, enduring friendships.

Kaylee (p. 2) described how the abuse led her to have trouble in achieving friendships with others, demonstrating the range of the challenges she experiences. In addition to this being a personal observation it is expressed as a linking of the abuse to her relational world. She centres this reflection on the forming of relationships, which is interpreted to mean that she feels acutely aware of people's intentions towards her. Kaylee confidently attributes this to her abuse experience and is explicitly stating that it left her isolated to some degree. Abuse situations are beyond the control of vulnerable children and typically adult relationships are self-determined by all of those involved. So this suggests rather than the development of learning to trust and relational openness in typical development Kaylee applies caution in the initial stages of relating to others demonstrating the depth of her isolation.

4.5 Essential Theme 3 – Intentional Social Moderation

Seeking what is true is not seeking what is desirable. (Camus, 2012, p.41)

This chapter presents an immersive description of the participants' lived worlds and experiences and shows their intentional social moderation. It provides an in-depth examination of participants' actions, behaviours, intentions and experiences and aligns the themes with tenets of existentialism. This theme was evident in seven of the participants. Table 12 shows the essential and emergent themes and participants for each.

Table 12. Emergent themes for the essential theme of intentional social moderation

Essential Theme	Intentional Social moderation			
Emergent Theme	How I feel others see me	Being with Others	How I experience myself when with others	The reasoning behind my need for isolation and solitude
Participants	Amber, Kim, Kaylee Pally	Amber, Kim, Jane, Pally	Maura, Nina	Nina, Kaylee, Jane Pally

4.5.1 Authenticity

This theme is connected to the existential dimension of authenticity (Burnham & Papandreopoulos, 2025). In essence, the authentic being lives in accordance with the nature of being.

However, this theme shows that being authentic to themselves and expressing their individuality is difficult for these participants. They may be unwilling to show their authentic selves, as shown by Nina's statement, 'It was important that nobody ever saw me like that without me being aware of it'. They may be able to change how they portray themselves in different situations, demonstrated by Pally's statement (p. 2), 'I could change who I was depending on where I was, and I was adept at being in my own, social world', or Kim stating (p. 2), 'just me putting on my fake face'. However, this may be recognised by others, as shown by Kaylee's statement (p. 13), 'He said "Wow, that really worries me as you're such a great actress"'. They may seek to protect others from the effects of being with them, as demonstrated by Nina's statement (p. 6), 'I don't want to drag people down'. This need to portray an inauthentic self is a way to feel safe in the difficulties of the social world, as shown by Kaylee 'It's more unsafe in the sense of being misconstrued and misjudged, like feeling that people don't get the full truth of what happened'.

4.5.2 Emergent theme: How I Feel Others See Me

The first illustrative example of this phenomenon is provided by Kim:

It feels like there's a pressure to, you know, show my real persona.

Kim (p. 2) presented as concerned and uncomfortable and I noticed her shift in her chair as she described her perceptions and observations of herself in social interactions. When I reflected on her changing mannerisms, I sensed the pressure she described was apparent to her in many of her interactions. This suggests she uses her feelings to describe her process of a desire to move away from the inauthentic persona that she adopts in these situations with the phenomenon of her perception of how others saw her as a key source of existential concern. I felt there to be an important distinction between her feelings in stating them as 'it feels' and a sense of facticity which might have been stated as 'I need'. I felt this reflected some discomfort in the way she presented herself: it represented a predicament, as adopting an inauthentic persona is likely to have come from a feeling or perception

that her authentic self could not be shown, which reflects a concern in how the real her might be received in her social world.

I noticed she rubbed her fingers between her eyebrows which I felt was central to the process of both considering and actualising her authentic self and represented considerable mental effort, introspection and behavioural change. I experienced a sense that it perhaps allowed for a vulnerability as she experiences herself and others in her social world differently. I also felt there was a high potential for altered relational dynamics created by her concern over how others may perceive her and the effect this could have on how she presented herself. Nonetheless, I experienced her desire to be present in a more authentic way as a nod to responsibility, courage and growth.

I think there's always a fear that if I take other parts of myself into the world it would be too much for other people.

This illustrative quote from Amber (p. 7) elucidated the phenomenon around her concern about how others in the world would see her. I felt the fear she reported showed a strongly held perception or belief about her self-worth and ability to offer an authentic connection. The fear is a consistent feeling in her social world and was experienced as carrying a feeling of personal instability; her presence shrank and her voice quietened as she described it. The use of the term 'always' felt significant as it may be confirmation of the idea that there is a permanence to this feeling. Amber directly referenced withholding a true sense of self from others in her social world. This suggests concern that if she showed her concealed self, it could lead to rejection. The concern is connected to her ability to cope with how this rejection could make her feel. Amber feels as though external validators are as important, if not more important, than how she feels about herself, so she holds their needs as more important than her own. To maintain the safety of being able to predict others' behaviour towards her, she moderates or perhaps mediates which parts of herself she reveals. I acknowledged a transference of 'I will never be enough' implicit in this statement.

Um, I mean just, um, like sometimes I know that I will cycle through however many feelings in a day and actually the reality is, is I can't and I don't ever expect anyone else to reassure me on every moment that I have an intense feeling, but it's almost sometimes like, I feel like **I need to moderate** that because not everyone else feels the same.

This comment concerns how Amber (p. 6) feels she can show herself to people close to her. It was spoken in absolute terms and resolutely. It is taken to refer to behaviours and expression of emotions and the importance she feels in how she will be seen by others. She was observed to feel a need to portray a one-dimensional 'moderate' side of herself to others to maintain current and existing relationships and not place too many demands on others to provide 'reassurance'. She seems to feel she has little choice in adopting this stance. There is an implicit notion that the consequences of not doing this will be that her real self is not accepted by others. The use of the word 'need' suggests that this is based on a rigid interpretation of others' perceptions of her, yet it is unclear if this is based on experience or perception. It seems that she feels a need to moderate herself for others' benefit in a way that is inauthentic. She thus feels overly responsible for others' responses to her way of being.

We, it was really nice. We went out for really nice dinner and we got in the car and we were driving back and I said, can I tell you something? I didn't wanna come today. **He said wow that really worries me as you're such a great actress**, it's like, I would never have known that it, you even contemplating not coming. I said, no, I wasn't acting. I really enjoyed it. But I, I didn't really want to go.

Kaylee (p. 13) made this statement when discussing a family outing. It serves to internally verify her relational fear of being misunderstood or wrongly perceived by others. This is compounded by her husband stating that she worried him in her expression of herself and as it aligns with the 'actress' statement. I interpreted this as deeply troubling to Kaylee: her altered and inauthentic expression of herself to not be accepted by her husband confirmed the fear that the authentic expression of herself could have the same effect on others. This is internalised as confusing and

upsetting for Kaylee and perhaps has contributed towards her sense of wanting to withdraw and not go. It also left her feeling exposed and unsafe in relationships with others and in her interpersonal sense-making processes. This statement suggests a cause and effect of Kaylee's experiences of the phenomenon of how others see her and her sense-making around her ability to bring part of herself to her social interactions.

I, um, I moved around a lot growing up. Um, so my Dad's XXXX, he moved every two years. Mm. So I became, um, so **I could change who I was depending on where I was and I was adept at being in my own social world** and my own internal world as well. My relationships were about making sure I was whatever everyone else needed or wanted at the time.

Pally (p. 2) discussed her self-perception in social interactions by detailing how she adapts herself to these interactions, which is centred around her perception of safety. Her statement of being adept at being in her social world suggests that this was a familiar position for her to exist in these social interactions as she moved with her family, with an implicit indication of her experiences of feeling she had to go into herself. She indicated a deep level of contemplation in her interpersonal processes when being with others and more at ease with a moderated social version of herself constructed from her perception of how others would want to experience her. This suggests she moderated her true self in the hope of acceptance from others, or at least avoidance of a negative response, which would help maintain control in her world. In a sense, the phenomenon of how she perceived others saw her was an ongoing skilled adaptation to enable her to feel comfortable in different settings.

4.5.3 Emergent Theme: Being with Others

Amber (p. 6-7) illustrated this phenomenon with the following:

I just felt different. I think. Um, and as a child, I couldn't necessarily articulate that.

Um, and as a teen I could articulate that, but **I was hushed... you know we love you but enough of that.**

Um, and so I think I'm quite mindful of, I don't know, I think, and I think a lot of it has to do with actually how my parents. **As for my father: me being anything other than neutral was too much.**

These statements show past experiences of close family members and primary caregivers urging Amber to moderate herself for their benefit and it is interpreted to have become a learned way of being with others. Her personal autonomy was taken as this was said to her as a child. This underpins the context of other quotes which illustrate the same principle. The result of this statement is interpreted to be that she feels she is too much for people in her way of being and that she moderates or adapts to meet the needs of others before meeting the needs of herself. This suggests the use of 'we love you' in between 'hushed' and 'enough of that' created confusion in her sense of self. Perhaps the message of 'I love you' was lost in what she felt was expected of her.

When Amber expressed the word 'hushed', she had a bodily response as she visibly made herself smaller on the computer screen. I felt this demonstrated that she felt that the value of her existence to others in her social world was low. Perhaps the messages from her father and her resultant desire to fit in her family dynamic and lessen her perception of the importance of her feelings align with this. Amber perceived others' needs to take priority over hers and thereby trap an essence of her sense of self. In moderating herself, she is denied the expression of her emotions. Taken with her other statements referenced in this study, Amber maintains this value judgement in facticity in adulthood as she manages relationships by moderating or correcting herself.

So, I think, um, as a child I made friends quite easily. Mm-hmm, but I also think that sometimes it felt, I think I still had this feeling of being on the outside, but not,

I was never really on the outside. I was always included. I just felt different. I think.

Um, and as a child, **I couldn't necessarily articulate that I felt that.**

This suggests this extract (p. 6), which followed the preceding one, gave context to the external moderating of self that Amber perceived she needed to do in her social world when being with others, even from childhood. There was a clear distinction and a movement in what she felt she was permitted to express to a perceived inability to express herself. This is evident in the use of the word 'couldn't' shows tension for Amber. Her feelings are placed at the periphery, while the perceived expectations of her behaviours are of primary importance. Amber remains distant from the why of her situation and does not verbalise her reasoning, which suggests that the bodily feeling of insecurity in herself and in relation to others is potentially on a scale beyond that of spoken words. I felt she almost seemed to presume that I would know why due to the facticity in her worldview. Her non-intentional denial of expression of emotion is self-evidenced and shows insight into her behaviours and processes. I interpreted a strong interpersonal response to the thrownness of the CSA that has extended from childhood to adulthood.

Just me putting on my fake face. I feel like someone might be criticizing me or, or like be nasty to me. I just worry about how I would drag. So, I tend to just keep myself in because it feels more controllable, which is a huge aspect.

When Kim (p. 2) described her process of engaging in the outside world, I noted she became more animated and jovial in appearance, almost mimicking herself, as she said the statement. I also saw an ability to tolerate being with others through her internal sense of not belonging by 'putting on' and keeping herself in. I experienced this as a form of adapting her external projection and attempting to mask her authentic self, but it is something only she controls. Kim's reference to the 'face' felt fundamental, as she does not do a general description of being fake, but it is focused on an area that is outward facing and open to the interpretation of others. I felt she engaged with doing this for the comfort of others to avoid someone being 'nasty' to her or a perceived social norm.

The words 'just me' alluded to a feeling of diminished importance compared to others and coupled with 'putting on my fake face' seemed to show that others may have a degree of awareness that she does this. This suggests that Kim perceived that even if others share her awareness of her discomfort in her being, there is an implicit assumption that they will not respond or contribute towards allowing her to feel a sense of comfort and could in fact be 'nasty' or criticise her. Kim described a process of being inauthentic, yet I could understand it as an act of self-soothing and protection in her unique experience aimed at gaining a level of perceived acceptance from the external social world. In Kim's description of these experiences, there is a limited self-inquiry with an assumption of objectivity in the account of her lived experience. I felt that to become authentic Kim would need to confront this to realise her freedom from the masking of an authentic self or the inauthentic adaptive self that she has constructed when being with others.

I ended up sitting at the front to appease in a roundabout way. So, like, I would sit in a very front row, you know, I, to make sure that, you know, I find that and someone would see, um, just when I would go into lecturers, lectures and stuff.

Kim (p. 15) carefully reflected on her sense-making ability around being with others and processes diligently here in the context of attending lectures at high school. Although she did not describe her initial thought process and started with a description of an 'ending', it showed a way of operating in a social context. Starting with 'ending' felt representative of her reflections on the resultant feelings of sadness in certain situations, rather than an engagement with the relationships at the time or the events that occurred. Her description of logistically placing herself at the front suggests that she had engaged with a degree of emotional vulnerability as others will have observed her. This is beyond her control, yet she did it with an explicit view that she was satisfying their social needs. Paradoxically, I felt that she might have experienced a level of control in doing this.

I felt that Kim demonstrated a heightened level of self-awareness in how she appeared to others and herself concurrently. I experienced this as a hypervigilance around herself in the world as a behavioural response and sophisticated process. She also showed how she anticipated comfort in the

recognition of and adapting her responses to the perception of the needs of others. I felt the act of appeasement served to increase her tolerance of socialisation.

Yeah. So, we've been dating for a long time. All the qualities, very different. But now it's very interesting that the same fears and the sensitivity that I have about, um, that comes from trauma and I know it does, um, pop up in the relationship. Mm. I have to check my trauma, check myself. His trauma past pops up and sometimes we collide that **we're responding to each other's trauma and it's like it could be ugly.**

Jane (p. 12) described an astute interpersonal and relational insight into the consequences of trauma in the context of being with her husband. This level of insight is unsurprising as she is training to be a psychologist and felt consistent with my evolving experience of her in the context of the whole interview. This suggests Jane's training and engagement with the existential perspective explains the difference between her growth and awareness of how difficulties might develop in relationships and the published evidence.

The use of the term 'responding' is key to this insight, as it is not an overall interpretation of an altered way of being, but a response determined by certain situations and experiences. The use of the word 'ugly' is also significant as it gave me a perception of the scale of the expected consequences, but I experienced the statement as cautionary in the context of both or all parties involved need to attend to their own processes. Jane noticed that she might convey a side of herself that doesn't represent how she perceives herself or how she wants others to perceive her when being with them, as she looks to 'check myself'. This suggests that Jane could, to some degree, predict and modify her responses in these situations to protect herself, others and her relationships.

That one person made that one comment to me in a training session about being to the point, but if I didn't know that that's what I was doing. I needed to understand

myself. And when I put my mind to something, I, I go for it. Mm. Um, so **it was important that nobody ever saw me like that without me being aware of it.**

Pally (p. 12) discussed her need for control of the external representation of herself in her being with others in response to a comment made to her in the workplace. This suggests that the use of the word ‘important’ denoted a strong desire to have some understanding of the way others see her in her social world. The use of the word ‘nobody’ represented the scale of the ongoing task of seeking control over the expression of herself. I felt that if Pally were to be misrepresented, this would cause her relational difficulties, with a heightened fear of others in her response central to this. Nonetheless, Pally expressed the value of the autonomy of her experiences and her place in the social world. This suggests Pally would need to feel safe or secure to share parts of herself.

Relationships were about making sure I was whatever everyone else needed and wanted at the time selected. Um, and if I fell out with people, um, it would almost become anxiety. Now I recognise what that feeling was, it is anxiety of, oh God. Um, if this person doesn’t like me, he’s never gonna hang around with me.

Pally (p. 2) provided a broad representation of her perception of her relationships and how they work in her world and her being with others. I felt that the statement was said with a high level of surety, which appeared to implicitly extend to her perception of her ability to understand her relationships, with pleasing others by being what they ‘needed and wanted’ and avoidance of the ‘anxiety’ of ‘falling out’ with people central to forming an accepted inauthentic self. Paradoxically, this quote initially felt self-directed, but further interpretation and exploration revealed that there was a lack of perception of others’ acknowledgement of her needs, wants and desires in relationships, alluding to a sense of isolation which is inconsistent with the level of personal responsibility that she feels in her estimation of the perceptions of others.

4.5.4 Emergent Theme: How I Experience Myself When With Others

The first illustration of this phenomenon is from Maura (p. 13):

The shakes stemmed from, um, like I can remember they started after the sexual abuse, after that they were constant in my life. It was like after that the shakes were just like a constant in my life. So, I guess for the last what, yeah, 14 years. Like I've just had these like insane shakes.

Maura described a behavioural manifestation of her CSA directly and in a matter-of-fact manner with certainty. With a high degree of confidence, she described her process of reflection and sense-making in relation to the shakes. The confidence I felt when Maura said the statement suggested a high level of acceptance of the shakes, which she is aware others will witness, as part of her being in the world and her agency over the expression of them and being able to determine the origins permits her some degree of control.

It definitely depends on the people that I'm out with. I think that when I'm with my good, my good friends who know me well, um, I'm going like, anxiety is all I think it's always something that's like with me mm-hmm. it's always kind of something that, that definitely lives there. Like **I'm quite just like a nervous person in general, I think when I'm with you know good friends I think it can be really beneficial to be with them, because they're like they're quite anxious and you know everyone is suffering something.**

Maura (p. 22) gave this answer in response to being asked about the isolating nature of anxiety in conversation. Her description of being nervous is expressed clearly in her statement and is reflective of how she perceives herself when with others. She described her expression of herself with good friends as being rooted in their ability to authentically show themselves to her, while their similar experiences help her maintain a level of comfort. This felt like a healthy description of being with others, but demonstrates a very broad insight into the human condition. In this sense, I felt she was willing to expose vulnerable parts of herself in the right conditions. This perhaps originates from a felt sense, a high level of self and social awareness.

It's more about protecting the friendship than making them still want to be my friend.

Nina (p. 9) described how maintaining the superficiality of her conceptualisation of friendship was paramount in how she experienced herself when with others. This suggests she felt a level of perceived responsibility for their choice-making ability, which she perhaps intended kindly if looked at as an independent statement. Yet, the protection of the friendships felt abstract and more about a felt sense of safety and harmony rather than being based on demonstrations of healthy relational needs being met and reciprocated: She defined a distinction between her needs in the relationship and the other's friendship.

4.5.5 Emerging Theme: The Reasoning Behind my Need for Isolation and Solitude

Nina provided the reasoning behind her need for isolation:

Um, I, I feel I can, but I don't often want to. Yeah, because **I don't want to drag people down.**

Nina (p. 6) made this statement in response to being asked whether she shared and was honest with her friends. Nina discussed how she perceived that revealing parts of herself might have a negative relational consequence for others. She alluded to placing the emotional needs of those in her relational world above her own. I felt that Nina hinted at a concealment of self, not with a fear of a negative response towards her, but with a fear of a negative experience for others. This was consistent with her need to explicitly convey care and help to others. She considered concealing parts of herself and thus presented herself inauthentically. The use of the word 'drag' was interpreted to mean that she felt as though if others knew about her traumatic past, it would take them into the metaphorical relational emotional space in which she exists, which could be detrimental to them.

I have lots of sort of peripheral friends that, although they know me, **they don't know a lot about what I've been through because that's a very serious conversation that not everyone is ready for.** Understandably really.

Nina (p. 8) discussed this statement in the context of different types of friendships. She assumed the responsibility of preparing others to be shown her true complete self and alluded to keeping relationships superficial for a length of time until she felt she could engage with them on a deeper level when they might have developed empathy for her in her controlled external presentation. The use of the term 'a lot' was strongly sensed to mean that to engage with sharing the scale of the trauma would require a substantial amount of courage and vulnerability with an expectation that another could hold all of that. Nina described an emotional process of deciphering if someone was emotionally equipped to hold and contain her, but this suggests that this came after an inauthentic presentation of self in which she can meet their relational need before and ultimately above her own.

And then when I started wanting to let people in a little bit that's when things started to get difficult, because the difference between the person they met and the person that they then got to know was so much that people didn't know how to deal with it. I didn't know how to deal with it. **And I sort of fractured a little.**

Pally (p. 3) described the experience of separating parts of herself, but the use of the word 'fractured' is more dramatic. This occurred when getting to know people and trying to widen her social world. A 'fracture' is typically a sudden and traumatic break so was taken to mean that she intentionally acknowledged this process for protection and I interpreted this to be a push towards her seeking isolation following difficulties in how people found her after getting to know her. I sensed the use of the terms 'little' and 'sort of' was a social buffer to lessen the potential judgement of the listener who gains an indication of the reaction that resulted in fracturing. I felt this statement could mean that for Pally to feel a tolerable level of comfort in her socialisation, she must do this to cope.

But then I also don't want to tell you about my trauma. So how do I tell you that I have trauma without telling you about my trauma, because you're gonna ask me about it. **I shut it off because I could tell you all about my trauma but I wouldn't experience any emotions in relation to it.** And you sit and try to talk to someone and talk about trauma with no emotion.

Pally (p. 3) described an isolated state of being with others and her reasoning behind avoiding talking about her CSA experience with people. She had paid attention to her response to the trauma and sharing of the trauma experience and has ascribed reasoning, understanding and meaning to it. This suggests that she felt as though her response to sharing the trauma might not meet social norms or expectations of others, which would leave her feeling vulnerable. Pally could detail the story in a way that was void of emotions or be unrelated to the emotions with ease, but I felt she would experience great discomfort in the expectation that she would outwardly display emotions. It is the ambiguity of the response from another that Pally implicitly stated that she might struggle to cope with. Pally alluded to a depth and severity of emotions, and a learned way to describe a painful experience while withholding its emotional impact.

This idea of almost escaping your roots, escaping the place where it happened, wanting to recreate your identity or recreate your sense of self. **Moving was to feel less broken, okay to feel less damaged I think would be the idea of recreating identity.** Okay. Feel less damaged. I think that would be the idea of recreating identity.

Kaylee (p. 3) made this statement when discussing her reasoning for moving abroad. She described how moving allowed her to conceal her vulnerable side from people with whom she engaged. 'Moving' is interpreted to mean that Kaylee's ideal is to move on from negative feelings and experiences interpersonally and relationally. Kaylee used negative language to describe her self-perception. She defined an ideal scenario of 'recreating her identity', suggesting that she is perhaps already doing this behaviourally and relationally. Kaylee corrected 'broken' to 'damaged' to

outwardly portray the extent of her self-perception to the interviewer and perhaps to control, minimise or modify any negative perception she may expect from them due to the extent of the effect on her. This suggests this would mean that Kaylee would feel safer with being with others and how she reflects on herself in the dynamic of how she may be perceived.

It's more unsafe in the sense of being misconstrued and misjudged like feeling that people don't get the full truth of what happened.

Kaylee (p. 8) described an implicit process of verifying the perceived authenticity of others' responses against her own measure and value of transparency. She felt unable to rely on herself to describe the effect of the experience with others in a way that showed the magnitude of its effect, so she detailed how she did not attempt to do so. The 'unsafe' element was interpreted to mean that the others' expressed response might play into her negative feelings around the experience and in some way alter it, which could compound the feeling of vulnerability and provide her reasons for seeking solitude. The result of this was that Kaylee withheld part of the expression of herself and her life experiences: she was fearful of feeling upset with herself and being responsible for other people's expressions of upset.

Or didn't make me feel like they cared about me in whatever perception I'd seen it in like cared to see me succeed or cared to, to help me. Cause I'm working 40 hours and going to school full-time and they didn't care to do. I think, like things that I would, that I would need, but **I didn't know how to tell them what I needed and perceived it as they don't care about me.**

Jane (p. 8-9) reflected on a previous self-observation of her inability to express her needs to others, which she made sense of with a defensive position of feeling that they did not care about her. This resulted in her seeking solitude. This occurred when she was also expressing a level of agency in her observations of the interaction. Interestingly, she described a great ability to engage in experiential focusing. I interpreted this to mean that Jane reinforced a feeling of containment in her experience of

her emotional state when with others. This could show a framework for her interaction with others in many relational capacities.

I don't feel safe, I think some of that was those feelings that I had. I would externalise it which caused conflict in the relationships.

This statement (p. 9) continued from the previous one and was again consistent with Jane's engagement with growth, studies and existentialism. She expressively conveyed the result of her feelings in the previous statement and then demonstrated her reflection on the attributes of the feeling. The statement was deeply self- and socially aware and explained why she sought solitude. It demonstrated an awareness of her personal responsibility. Jane engaged in reflections around how her perception of feeling unsafe was projected onto the world and compounded her own feelings of upset and affected her social relationships. Jane expressed that she assumed responsibility for the conflict when she stated that she caused the conflict. I felt that this did not recognise the role all the individuals involved in the dynamic played and showed that she felt over-responsible. Further engagement in her healing will hopefully allow her to conclude that she is not responsible for others' self-expression.

Chapter 5. Discussion

5.1 Introduction to Discussion

The purpose of the discussion is to relate the essential themes to relational consequences for individuals who experienced CSA:

Exploring the relational impact of CSA in the female adult survivor population in therapy: An existential perspective and phenomenological enquiry.

These themes provide insight into the research question:

How do adult female survivors of a single episode of non-familial CSA experience relatedness with others in their social world?

The research has explored a deeper understanding of the experience of relatedness and identified the three essential themes for these survivors of CSA:

- the primacy of seeking relational safety;
- social isolation and solitude; and
- intentional social moderation.

The discussion has been arranged into separate sections for each of these themes to enable examination of each theme in the wider context, including through the existential lens.

5.1.1 Perspective on Discussion

In producing this discussion, I do so with respect to the hermeneutic that was constructed between the participants and me. I sought to be responsive to the emergent and demonstrated experiences of this set of survivors with the objective of engaging in curious enquiry from a firmly existential perspective. Drawing on van Manen's (2018) approach, I seek to return to the origin and in doing so reflect on some older literature and recognise the experience of the survivors in our unique hermeneutic, which is inherently informed by my individual experience. In this, I recognise I am a

doctoral candidate studying at an organisation where the existential perspective is taught. I am also in placement and as a psychotherapist and have successfully used the existential-phenomenological approach with more than 25 adult female survivors of CSA. These factors inevitably influence my perspective.

This affects how the discussion has organically emerged from a methodology that has been criticised for being complex and difficult to conduct for the researcher (Zahavi, 2019), and in the literature has been applied very differently (Heinonen, 2015). The structure that emerged for the discussion centred on engagement with the essential themes rather than being moulded to a pre-determined structure guided by the background and literature review. For this reason, I felt it would be dishonest not to include additional information that emerged during the immersion. To not acknowledge this and to conform to a more conventional structure would deny much of what emerged. I accept that this could be seen as controversial as the reader, most likely an interested professional, will have their own perspectives and views and will seek to situate the phenomenon explored in this study within their existing knowledge.

The study does not seek to perform a broad-scoping review of different therapeutic modalities that may contribute to the therapeutic management of CSA survivors. Given the lack of consensus in the literature and the differing approaches that are advocated by different practitioners, this would be a vast undertaking. For instance, when Duberstein et al. (2018) compared the efficacy of interpersonal psychotherapy against clinician therapy of choice using quantitative methods, the results did not reach significance, and Williams (2017) commented on the paucity of evidence behind the treatment modalities offered at a specialist centre. 'In therapy' in my study refers to individuals who have already engaged with the therapeutic process. It refers to the situatedness of the participants and my study's exploration of their social world. Consistent with existential philosophy and therapy, my perspective on this recognises that conscious choice-making ability is fundamental to realising agency, so I feel clients should have an awareness of different ways to 'treat' their trauma. However, for the self-referring client, this can be an independent task without the therapist (as I find with many

of my referrals). This would further reinforce their individual responsibility which is an existential tenet taken from existential philosophy which is mirrored in existential therapy.

Although the literature review highlighted some aspects of management of the consequences of CSA in adult survivors, the unique contribution of this study was in the hermeneutic created between researcher and participant to both show and co-create the potential of a phenomenological existentially-orientated research encounter that aligned with the existential therapist's ability to walk alongside the self-referring client, while keeping their social world and experience at the core of the exploration. The hermeneutic produced explores their social experiences, which may be revealed in therapy, and the meaning of these experiences. Theories and treatment modalities that emerged during its construction are therefore mentioned to reflect my hermeneutically influenced perspective. It is not intended as an overarching judgement, which is far beyond the intended or actual reach of this study.

5.2 Discussion: The Primacy of Seeking Relational Safety

5.2.1 Reflection of Findings

This study shows the variation in how authentic feelings of relational safety can be felt and expressed by the individual in the context of the traumatic experience of a historic episode of CSA. The findings show the interplay between both interpersonal and intrapersonal factors and the perception of safety for adult survivors of CSA. According to Obaidan (2010), research and enquiry into childhood experiences are the most important criteria by which to measure an individual's progression and contribution to society. Children, ultimately, are the future and their contribution to building it with personal and collective engagement is central to the development and maintenance of society (Obaidan, 2010). This research demonstrates a latency of effects on the relational aspect of the participants' lives. It shows how the failure to achieve a sense of relational safety can lead to isolation. Adverse relational adult experiences can further compound or lead to a continued attitudinal stance or perception of being unsafe.

This study also highlighted the fundamental need for a perception of internal psychological safety and an important primary function before a desire for relational safety. The desire was observed as implicit or explicit across the participant cohort. The study presents the range and scale of the primacy of seeking relational safety, with one participant describing moving to another country to feel safe while another described her experience of hypervigilance to a possible attack at the prospect of meeting a man on a date and her explicit relational needs from her friends around this.

Participants with a higher level of interpersonal connectivity have a deeper insight into their behaviours through the use of professional supportive resources or have a determined responsibility for their relational safety.

5.2.2 Personal or Relational Responsibility in Being in the World

Levi (1996) considers that everyone has a reserve of strength whose capacity can only be determined in extreme adversity. Existentialist philosophy and practice enquire into how a person responds to threats, losses and insecurities in daily life (Griffin 2012). This positivistic stance assumes that victims of painful experiences such as CSA will have the internal or external resources to embody the notion of these claims (Levi, 1996; Griffin, 2012). A survivor of CSA also needs to be willing to take on what might be an ongoing challenge. This study highlights the interpersonal and intrapersonal value of narrative accounts of experience to support experiences of CSA. Levi (1996) describes a determinist stance of the victim of adversity in a manner that neglects to present the full scale of the phenomenology of vulnerability at the heart of adverse experiences.

Sense of coherence (SOC) has been posited as an individual mechanism, shaped by life experiences, that is important to the understanding of subjective differences in stress reactions (Antonovsky, 1987). It could therefore be a contribution to the discussion around sense-making and process in the context of relational safety following CSA. SOC is described as a global orientation and perspective of the world and the individual environment as comprehensible, manageable and meaningful. It postulates that how people view their lives has a positive effect on their health

(Eriksson & Lindstrom, 2005). Conceptualised in this research, it might further show the importance of wellness and well-being.

In her interview, Jane (p. 11) says, 'I go okay, so if I'm gonna go on a date are you gonna watch me, because I don't want to get kidnapped'. In addition to definitively describing a heightened perception of a relational need for the assurance of safety, she describes a strong sense of helplessness and overestimation of risk in her social interaction. Yet her subjective situational response to a perceived threat to her safety, as it relates to the SOC model, describes the scale (global orientation) of the need for safety represented in the prospect of a date and getting to know someone as being a risk to her safety, with the perceived extreme threat shown by her use of the word 'kidnap'. This is consistent with van der Kolk's (2005) postulations that the experience of complex childhood trauma can lead to sensitised neural responses that can be reactivated by seemingly minor stressors. Van der Kolk (2005) argues that experiencing childhood trauma creates a template through which further inputs are processed. This is consistent with findings observed from Jane's response, as in her self-determined agreement to go on the date when she says 'I go okay'. She is demonstrating flexibility of thought and behaviour, rather than absolute avoidance, as plans to mitigate risk emerge from her narrative account.

While Jane does display, as Siegal (1999) suggests, a window of tolerance to stressors, she expresses a low degree of acceptance of the ambiguity of the situation (the date) and is perhaps fixed on it being a risk. Antonovsky (1987) reports the SOC model as having three central components: comprehensibility, the sense that stimuli are predictable and structured; manageability, the sense that available resources (whether one's own or someone else's) are adequate to deal with demands from the environment (stimuli); and meaningfulness, the sense that the demands have significance and are worthy of investment (Antonovsky, 1987). Jane's planned mitigation of the unsafe nature of going on a date refers to resources in her perception of an inability to protect herself and the expectation that her friend (as a resource) will protect her. Jane also makes subtle reference to her perception of the environment as unsafe and those in the environment's inability to protect her from potential kidnap. It

is an authentic relational and environmental concern for Jane, yet is leaning on her friend to keep her safe, which reinforces the high value that she places on her friendships. This could result in an over-reliance or over-responsibility on them for ensuring her safety or enabling her socialisation and their tolerance for this could affect the strength and quality of the relationship.

In Jane's heightened need for safety, she could be inhibiting a relational closeness with the date and the friend with whom she hopes to secure her safety. This is consistent with Ratican's (1992) claim that some of the common relational challenges among CSA survivors include difficulties with trust, fear of intimacy and difficulty establishing interpersonal boundaries. Feinauer, Callahan and Hilton (1996) examined the relationship between a person's ability to adjust to an intimate relationship, depression, and the level of severity of childhood abuse. Their study revealed that as the severity of abuse increased, the scores measuring the ability to adjust to intimate relationships reduced. Jane has ascribed meaning to her physical body in the world currently and her perception of her psychological safety. It represented being situationally unsafe, but should Jane take the courageous step of attending a date alone, she might gradually build a less extreme perception of interpersonal risk and the ability to realise her agency and autonomy as an adult.

Recognition of her physical ability to withdraw might help her recognise autonomy over her safety in a broader perspective of the ambiguity of the safety of any social interaction. Jane's response is significant considering Grossman et al.'s (2006) report that, for male survivors of CSA, adopting the role of counsellor or caretaker is pivotal to meaning-making and healing. Jane is a psychological therapist and the participants involved in this study are all female, and thus her response might contribute to a wider understanding of ways for survivors to make sense and meaning from their traumatic experiences to enable healing, integration and recovery. Jane is also one of only two participants from an ethnic minority and thus further research into CSA experiences should explore the phenomenological experiences of these even more underrepresented groups in the already limited research.

5.2.3 Developing Autonomy

Kaylee does exert some autonomy over her perception of safety when she reports (p. 11), 'I'll disappear for three hours in the afternoon and say I'm having a nap and I'll just get into bed and do some studying otherwise I can't cope with it'. Yet, her illustrative quote demonstrates avoidance of socialisation and is suggestive of self-reliance on self-determined secure isolation to achieve safety. This was in preference to seeking support from peers, yet her withdrawal is expressed as though it protects her peers and her relationships with them. She was pre-emptive in her need for safety as she withdrew from the environment and her social connections and implicitly stated that she retreated into the safety of solitude.

Colangelo and Keefe-Cooperman (2012) and Aaron (2012) reviewed the literature on adult sexual functioning after CSA and categorised outcomes into two pathways: internalised avoidant sexual symptoms or externalised compulsive behaviours. Kaylee's expression of avoidance of social interaction, not just sexual encounters, might provide some evidence for more basic adaptive structures including relational and social avoidance. Kaylee's description of her behaviours and emotional response to this social situation is also consistent with Herman's (1992) findings that survivors of interpersonal trauma experience a sense of isolation and a damaged perception of trust. With the other major themes explored in this research, this suggests a mechanism among survivors of the primacy of seeking safety for the survivor, which can lead to an adapted or moderated set of social behaviours. Relational avoidance may occur, with isolation either deliberately sought or felt as an internal response. As Kaylee expressed, this is an interpersonal need in this social context, it reflects a firmly held belief that exists pre-reflectively and occurs at the time of these social interactions. This highlights Kaylee's need to feel a sense of safety that encompasses psychological and environmental safety.

Melhem (2010) confirms the physical and psychological harm of CSA experiences for the individual, suggesting they adversely affect character (Hussein, 2008). In the interview, Amber (p. 19)

said, 'This doesn't feel like a safe thing to engage in'. This shows the perceptual element of harm and how it 'feels', coupled with the importance of the lived experiences and narrative accounts. It appears consistent with Nguyen-Feng et al.'s (2017) findings regarding avoidant coping strategies in survivors of CSA. Existentialist philosophy and practice attend to the subjective 'experiencing' of individuals known as the felt sense. Barnett and Madison (2012) state that, '[a] felt sense typically forms in the trunk area of the body, as an unclear but tangible sensation. If attended to directly where it forms in the body, a felt sense can respond with new meanings, confirmed with shifts in the bodily feeling'. This is more consistent with Amber's expression of feeling compared to Hussain's (2008) stipulations which create a narrow horizon and do not account for the adaptability, emotional range or variations in the human condition embedded in existential philosophy.

5.2.4 The Possibility of Psychological Safety

Trauma-informed services encapsulate a group of trauma services in which service delivery is influenced by an understanding of the effect of interpersonal violence and victimisation on an individual's life and development. According to Brown (2000), trauma-informed strategies include developing self-protection and management of symptoms related to hyperarousal or avoidance. Unacknowledged or untreated trauma is found to correlate with difficulties in seeking and engaging help for health, mental health and substance abuse problems. Harris (1998) argues that survivors of trauma must have their experiences heard and validated and that making connections between their past experiences and their current situation is crucial and requires a dedication to understanding the effect of trauma, how current problems relate to past trauma, and the need to provide women with concrete information about an integrated model of recovery.

However, according to Briere (1992), abuse-related symptomatology may vary in expression and intensity over an individual's lifespan. This has relevance to current life experiences and developmental stages with the emergence, for example, of intimacy and sexual problems in adolescence or 'sleeper effects' later in adulthood, for instance with the birth of a child (Briere, 1992).

Many survivors are known to conceal their abuse experience with the level of reporting of CSA significantly lower for older people than for younger (Green et al., 2010). Research findings also indicate that many survivors never disclose their abuse experiences, so many incidents of CSA go unrecognised or unreported (Rouf et al., 2016). This may be due to a perception of it being unsafe to disclose for fear of reprisals, disbelief or a perception of a need to protect the perpetrator (Longfield, 2019). The process of reporting to authorities can also cause distress or result in forced disclosure to family members, partners or others which the victim-survivor had not planned. The effect of this process can be retraumatising and compound the feeling of being unsafe. Individuals abused by a family member are less likely to disclose and more likely to delay disclosure than those abused by an individual outside the family (Smith et al., 2000; Goodman-Brown et al., 2003; Kogan, 2004). The cohort of participants had all experienced a single episode of abuse by a non-family member, which might contribute to a readiness to attend to both the research process and the processing of the trauma. Research including abuse by a family member might have added further insights into the individual's lived sense of relational safety.

Ungar et al. (2009) described the optimal conditions for disclosure as follows: being directly asked about experiences of abuse; having access to someone who will listen, believe and respond appropriately; having knowledge and language about what constitutes abuse and how to access help; having a sense of control over the process of disclosure both in terms of their anonymity (not being identified until they are ready); confidentiality (the right to control who knows); and effective responses by adults both in informal and formal situations. The optimal conditions proposed by Ungar et al. are a supportive relational dynamic for the survivor of CSA to disclose that could be facilitated by any close relational other who expresses a will and conscious choice-making capacity for this. Individuals can only heal from trauma if supported as whole beings and provided a safe channel to explore their world and reconnect with themselves, which would include their interpersonal and relational world (Herman, 1997; Paulson & Krippner, 2007). McElvaney (2008) and Ungar et al. (2009) support this notion, with peer influence being a significant factor in encouraging disclosure

among adolescents. They report that many young people who delayed disclosure to an adult had previously disclosed to a friend.

A foundational element of any professional therapy is the creation of a safe environment for the client to disclose and express their emotions and our cohort of participants have implicitly and explicitly expressed difficulties and challenges to this in their conversational interviews. Perhaps an important caveat to this is Dickie's (2011) stipulation that the identification of insecure attachment patterns by a counselling or Psychology professional can render individuals vulnerable to PTSD following traumatic experiences given their malevolent representations of others. Therefore, trauma-focused techniques are not amenable to treating patients presenting with PTSD and personality disorders and might inhibit such an individual's ability to achieve a sense of psychological and relational safety. Therefore, the applicability of different trauma therapies for an individual must be carefully considered. It could prevent many survivors with personality disorders from seeking trauma-informed therapy, which they might internalise as a personal rejection and thus reinforce a sense of a lack of safety. Trauma-informed services are therefore not generally suitable and inclusive for everyone who has experienced traumatic events or has particular presentations.

Hodges and Meyers (2010) comment that most treatment modalities for survivors of trauma adopt one or more of four basic therapeutic goals:

1. **Symptom relief**, which may be accomplished by encouraging the client to think differently about the event, facilitating the learning or teaching the client to manage their aberrant behaviours, facilitating the expression of adverse effects, affirming the child's experience, and providing emotional support.
2. **De-stigmatisation**, which may be achieved by group affirmation from other victims and the therapist's supportive stance.
3. **Increasing self-esteem** through cognitive and interpersonal exercises and role plays.

4. **Preventing future abuse** by changing the victim's environment and/or behaviours and awareness.

The existential-phenomenological approach might promote safety in the therapeutic environment and relationship by not having therapeutic goals, but it might allow for a client to develop their felt sense of safety through exploratory non-directive methods. Studies of treatment consolidation also highlight the limited study of long-term trauma-informed treatment's efficacy, with trauma increasingly being recognised not as a specialised area, but as a fundamental aspect of human experiencing (Gold, 2008). In agreement, Schore (2003) comments that in the attuned patient and therapist relationship the interactive regulation of a patient's state enables them to verbally label the affective experience. In a 'genuine dialogue' with the therapist, the patient raises what they need to say to an inner word and then to a spoken word before possessing the necessary speech. Providing further support for the importance of the attuned therapist and client dynamic, Gendlin (1978/1981) encourages the articulation of what is implicit in the client through finding a felt sense and then putting into words what is at first experienced as complex and ineffable. This is fundamental for survivors of CSA and it confirms the importance of applying focus and creating safety in the therapeutic dynamic, encounter and environment as central to any therapeutic goals.

5.2.5 The Chasm Between Being and Safety

Kalin et al. (1998) show that an individual's heightened stress responses are predictive of freeze responses in the presence of an immediate threat. In her interview, Amber said (p. 20), 'I froze in certain situations, I couldn't find a safe space' and 'I'm really aware that there's a lot of work I need to do in order for relationships to feel safe'. When reflecting on Hussein's (2008) claim of the adverse effect on character in regards to these quotes, Amber described a response which is the opposite, as she references her aims of working on the feeling of feeling unsafe in her relationships and a desire to transcend this. This originates from trusting her perceptions and past experiences in her ongoing relational interactions. Her identification of a heightened sensitivity about the safety in relationships is

also consistently expressed in research and literature on CSA, which found that many survivors, who share their abuse experiences experience secondary victimisation (Campbell et al., 1999). This is a form of secondary trauma which occurs when survivors seek support from legal, medical or healthcare professionals and encounter individuals in positions of power who express and use victim-blaming behaviours (Campbell et al., 1999).

Maura's interview also confirmed a need for relational safety when she said (p. 29), 'I feel like I've had a lot of friends who have had borderline personality disorder and I've become extremely attached and they've been really abusive or aggressive when I separate myself'. Maura's expression also shows a high level of self-awareness and self-trust. It shows a more fluid representation of her character and one which primarily shows a heightened need for safety in relationships, but also demonstrates her self-directed social and behavioural attempts to separate herself from relationships that feel unsafe using her lived experiences. This demonstrates a high level of implicit engagement with the phenomenology of her experience and recovery processes, and perhaps it is no coincidence that she disclosed pre-interview that she is engaged in existential-phenomenological psychotherapy. It appears that Maura is integrating tenants of existentialism into her worldview and recovery post-CSA which is allowing for greater insight, autonomy and self-awareness with potential capacity for a range of relational possibilities based on a felt sense of safety.

Kim (p. 6) reported on the severity of her level of distress and feelings of being unsafe in the world and herself stating, 'I screamed for help from GPs and CPs'. Ursano (2001) reports on the effect of prolonged experiences of being unsafe, which he says may lead to altered health behaviours, long-term effects on emotional and physical health and increased use of health care services, which Kim articulates. She describes a personal attunement to her emotional state and seeks support through relationships. Interestingly, she describes a transparency of her expression and way of interfacing with the world when she is in crisis and is looking to share the responsibility for her healing and recovery with professional services. Jacobsen (2006) conceptualised crisis as a term to be used interchangeably with trauma.

Kaylee (p. 7) described the effect of her experience in failing to achieve a sense of safety as she reported, 'He was very kind and they kind of let it happen'. Kaylee was referring to her parents' knowledge of her abuser's behaviour and how their attitude further compounded her feeling of being unsafe. This was observed to heighten the feeling of being unsafe relationally due to the failure of parental trust and safety. She also showed how this failure to achieve a sense of relational safety from them has given her a more static sense of feeling unsafe in the world and a caveat of this expression of her feelings of being unsafe is the use of the words 'kind of'. This is a safety mechanism, with the lack of surety preventing a full expression of how she feels around her parents' complicity in the abuse and thus she is protecting herself from its reality. Her statement demonstrates that external relational expression of support can be inhibited by an internal state of feeling unsafe which has led to self-directed isolation reflected in her statement, 'Because they can't tell that I'm a foreigner right, there's something really liberating about that social experience and I think something I continue to enjoy about being a foreigner'. Although Kaylee conceptualises this as liberating and comfortable, it is a protective mechanism that gives her a strong sense of control over the feelings of being unsafe. However, it isolates her socially and leads to questions about the effect of her internal safety driver if she were to be known or recognised in this foreign country and how this might affect her sense of safety. This is consistent with findings by Rook (1984), who describes loneliness as 'an enduring condition of emotional distress that arises when a person feels estranged from, misunderstood, or rejected by others'.

Kaylee's quotes of (p. 6), 'He was kind to me and they kind of let it happen' and (p. 2) 'Because they can't tell that I'm a foreigner right, there's something really liberating about that social experience and I think something I continue to enjoy about being a foreigner' are consistent with the findings of Lew (1988) who concluded that individuals who have been violated often isolate themselves from their family and friends. Jehu's (1988) observational study found that 92% of his participant sample agreed with the phrase: 'It is dangerous to get close to anyone because they always betray, exploit, or hurt you'. Kaylee's quote is illustrative of an elaborate interpersonal need for safety

and protection from the external world, one which leads her to seek to be a foreigner as the idea of knowing her is filled with fear for her sense of psychological safety as those who knew her (her family) were complicit in her being harmed. This highlights the complexity of supporting an individual's feelings of being unsafe following CSA.

Nina (p. 9) expressed her sense of 'felt safety' in her statement saying, 'My love for them and my feelings of safety with them' and 'when they didn't leave me behind, when they chose to stick by me'. Nina has integrated a felt sense of safety that stems from another's expression of love, care and compassion which reflects a continuous feeling that she experienced as authentic, which has become familiar to her working to support the sense of safety. This also reinforces the subjective nature of safety concepts and the importance of the relational and external expression of this. The courage that Nina had projected in finding relational connectedness also allowed for an authenticity of her being with others, in which she can determine feelings of love and thus safety.

5.2.6 Self-Regulation and Relationality

This is markedly different from Kim's (p. 2) statement that, 'As long as my daughter is there, she is like a shield'. She is aware of her perception of feeling unsafe but engages with the caveat of her daughter being present, who is representative and symbolic of protection from the expectations of others and perhaps provides an observable purpose. According to Ratcliffe (2017), a sense of belonging to a world consists of an all-pervasive style of practically engaged perceptual experience, involving the confident anticipation and fulfilment of cohesively organised, significant possibilities. Kim (p. 2) demonstrates an inhibition to consider social engagement in the absence of her daughter, 'the shield', as that would create discomfort or create feelings of unsafety. The feeling of being unsafe is an internal reaction to the environment of her peers, but closer observation of this statement shows the paradox that the shield may serve as a reminder of feeling unsafe.

Matsakis (1996) provides a framework for the internal and external connection for recovery from traumatic experiences. He states that successful recovery is subjective and measured by whether

the survivor increases their involvement in the present, acquires skills and attitudes to regain control of their life, forgives themselves for guilt, shame and other negative cognitions, and gains overall stress reduction skills. Maura (p. 27) shows the subjective capacity for this in her insightful statement, 'I think there's a definite fear with me that when I fall in love, I fall in love hard and I think I kind of put everything before myself'. Although she uses the word 'fear', she is also conveying a determination to maintain a level of psychological safety for herself. This is a recognition of her responsibility to achieve this safety in social interactions by discerning the types of relationships and the types of individuals she wants to engage with. This reinforces her conscious choice-making ability. Maura is describing an ability to engage relationally in an authentic sense, but in recognition of the consequences to her level of comfort and therefore sense of safety.

Trauma researchers have argued that the loss of self-regulation may be the most far-reaching effect of early and protracted childhood abuse (van der Kolk, 1994). Conversely, Maura expresses a recognition of her need for personal safety in her reflection on her experiences, self-regulation, ability to feel safe and recognition of her fear of adverse interactions with others. This serves as a cautionary measure and a way for her to re-evaluate her perception of her personal safety.

Dunmore et al. (1999) comment on how successful recovery can be mediated by self-concept. The Sexual Assault Centre Edmonton claims that following a sexual assault, survivors experience rape trauma syndrome (RTS; Sexual Assault Centre of Edmonton, 1999). RTS affects victims of all types of sexual violence and is characterised by three phases. The acute phase occurs immediately after the assault when the survivor is in crisis and experiencing a wide range of emotional reactions. These reactions may be categorised as expressive, such as shaking, crying or yelling, or controlled such as flattened affect, appearing outwardly calm and subdued. The second phase is outward adjustment when the survivor focuses less on the assault, often with a high level of denial, and involves themselves in normal daily activities. The final phase is long-term reorganisation, in which the survivor integrates the assault into their view of themselves and resolves their feelings about the assailant. Maura (p. 13) reported in her conversational interview that, 'the shakes stemmed from um

like I can remember they started after the sexual abuse after that they were constant in my life'. The RTS perspective would link her shakes to a functional neurological disorder (somatisation), yet the participation involved in this interview recognises Maura achieving a sense of agency and autonomy over her experiences, helping transcend any tendency to case formulate and moving a deeply interpersonal experience away from any form of biological reductionism to a pathway of phenomenological exploration. Existential practice might use the principles of Boss and Heidegger, as reported by Cohn (1997), and recognise that physical being is only one aspect of being in the world and it is the quality of our engagement with what appears to us in the world that determines the degree of our awareness.

Nonetheless, Maura shares an isolating social experience of shaking, which is deeply personal, self-determined to be linked to her CSA and persists as an ongoing visible experience. When considered in the context of her ability to link the origin to the CSA, it shows an ongoing sense of feeling unsafe. Maura's account discussed what the RTS model would label as part of the acute phase but Maura describes a chronic manifestation which contradicts this model. The model suggests that RTS occurs in a linear pattern for the individual and is broadly negative. It fails to report the capacity of the individual to integrate experiences into future possibilities until phase 4, whereas Maura's case shows that she is still experiencing aspects of other phases as she looks to the future. The linearity of the RTS model does not match her experience.

Maura's description can be considered in the context of van der Kolk's (2005) theory of the treatment of complex trauma. This explains that three main pillars should feature as part of the programme designed to treat trauma and as a central component in the development of safety. Van der Kolk comments on how these pillars run parallel with a trust-based relational interventional model which has three principles: empowerment, connection attention to attachment needs and correction attention to behavioural needs.

The principles were originally designed to support children and caregivers, yet Maura's case shows how this could be adapted for adult survivors to support interpersonal emotional connectivity

and encourage ongoing maintenance and promotion of stable relationships. This intervention aims to resolve relationship-based trauma such as CSA through relational resources. Engagement with this intervention could see the reduction of the physiological symptomatology of the shakes, as Maura might further realise her agency and responsibility and increase her ability to develop a relational closeness.

5.2.7 The Relational Other as an External Mediator of Interpersonal Safety

Nina (p. 13) inadvertently described how the trust-based relational interventional model might help survivors of CSA develop an internal sense of safety which can be positively projected onto social relationships, when she says, 'It's scary at first, but when they're kind it validates me'. In her acknowledgement of her vulnerability of her existence and the act of sharing her literary works with others, she showed how she had integrated the relational feedback into an internally moderated safety driver. She discerned this for herself. In Nina acknowledging that it was 'scary' at first, she is highlighting an ability to notice a sense of empowerment, give attention to her attachment needs and give attention to her behavioural needs in the act of sharing her work. She realises that it could potentially lead to an increase in her perception of relational safety.

Boyce and Parker (1989) contend that there is a personality trait known as rejection sensitivity which mediates between CSA experiences and depression. They conceptualise interpersonal rejection as 'undue and excessive awareness of and sensitivity to the feelings and behaviour of others'. In her interview, Jane (p. 24) states, 'I was in tears and trauma and he was like I can't worry about you right now'. Jane was seeking emotional safety from her sibling in her description of this experience. It appears from her language, and particularly the use of the word 'trauma', that she was sensitive to his reactions and responses. It would be meaningful to have support from her sibling and she was conveying the need for relational safety and assurance in seeking to experience a relational closeness from him.

Van der Kolk et al. (2002) highlight how a confiding relationship is critical to the articulation of one's cognitively and emotionally coherent narrative. Jane described a feeling of an absence of this, and links to her use of the term 'trauma' rather than more expressive language that represents her feelings. Her admission was said as though it had been modified to permit patience in staying with the narrative. She appeared concerned about the consequence of this not being well received by another, which might compound her feelings of not being safe. This shows how this act of sharing is courageous. Herman (1992) described how establishing secure interpersonal attachments and relational efficacy is also important to recovery. Yet, for Jane, the attempt at honest self-expression of her painful feelings to a sibling and her perception of rejection of support and space has been internalised as a deep feeling of not being safe to share the authentic portrayal of her painful feelings. While Jane's quote supports the existence of rejection sensitivity, it could also be seen as an external projection of an internal fear response when considered in the context of the narrative expression of her emotional state.

From Jane's account, it is conceived that if she could find a secure base in which to feel safe in her relational world and engage in further attempts to share painful feelings, the rejection sensitivity might subside. Rejection sensitivity is also posited as a static manifestation of an adaptation of CSA, evidenced in the use of the term 'trait', and does not represent the individual survivor's capacity for non-linear personal growth, healing and use of their agency with a dynamic range of emotions. Rejection sensitivity could be integrated into a high level of empathy for self and others and might therefore provide the opportunity for relational closeness. The existential lens applied to the statement might also consider existential dread as a phenomenon that Jane is experiencing and the existential phenomenological therapist might consider how to facilitate her meaning-making capacity. This could serve to increase her level of relational safety.

Jane provides psychological support to others, so she may have increased sense-making and processing ability which reflects her personal ability to engage with her introspection and heal. As van Deurzen (1997) maintains, 'We begin with a recognition that we do not have to be passive victims of

our circumstances, but that we instead become the architects of our lives'. This viewpoint is poignant in the exploration of social relations in adulthood following CSA, as it acknowledges the subsequent value of healthy and meaningful relationships with the self and others.

Jane (p. 10) conveyed her felt sense of a developed attachment to long-term relational others by saying, 'Well the ones I've known the longest are the ones that have kept me safe'. It highlighted her understanding of self and others, sense-making, her ability to integrate positive relational experiences and her meaning-making ability in relationships. Jane expressed how her feeling of trust originates from her being with others who convey to her in their being that she is safe. It is observed as an implicit process. Trust is the unspoken theme that emerges as Jane expresses her experiences of feeling safe with her friends. Schore (2003) contends that trauma, especially during childhood, must be understood and addressed in the therapeutic relationship for healing to extend beyond the resolution of traditional psychiatric symptoms. Olio and Cornell (1993) suggest an effective therapeutic relationship 'is probably the single most important factor' in the treatment of CSA survivors, which was reinforced by Williams' (2017) findings. This is the potential benefit of the trusting therapeutic relationship in which Jane has engaged.

The study participants all demonstrated varying abilities to engage with the achievement of realising an internal sense of safety in adulthood. The study shows some strongly and some superficially held beliefs around safety. These beliefs permit or inhibit subjective interfacing with the external world. Phenomenological exploration showed the existence of deeply interpersonal experiences and resultant subjective mechanisms that persist, which affect the will to engage with potentially unsafe environments and individuals. This features a process like before the external behavioural demonstration of overestimation of relational risk. The consequences of not being able to establish an internal sense of safety have been described as social isolation, fracturing of relationships and a narrowing of relational experiencing including difficulty relating to others.

Participants who described heightened insight into their adapted behaviours can still have a persistent tension in how to engage with the world in a way that feels safe. Existential tenants such as

willpower, responsibility and agency can be applied to support the perception of safety. Yet, the permissance of honest self-expression of internal processes can have therapeutic gain and transferability to real-world applications. This includes confidence building into forming and maintaining relational closeness, pivoted by a deeper exploration of the self and the development of self-understanding beyond trauma experiences. Using existential approaches, the adult survivor of CSA can move from awareness of responsibility over relational challenges to action in their social engagement (Corey 2001). However, failure to do this can compound feelings and behaviours around isolation. This process may take years of experiential engagement.

5.3 Discussion: Social Isolation and Solitude

5.3.1 Reflection of Findings

The participant cohort described experiences of a lack of belonging, feeling different or being ‘other’. These experiences were integrated into both a conscious choice to isolate or a feeling and behaviours predisposing to unintentional social isolation. The findings show two distinct but paradoxical processes of the internalised sense of isolation and the resultant relational manifestations. Participants were observed to have varying levels of insight into these processes and varying levels of will to overcome the behavioural and emotional components of isolation.

Survivor voices have been central to any interpretations and the emergence of the theme of isolation. The participants reported their subjective internal justification for either seeking isolation and solitude or why it occurred to them. These complex experiences and descriptions benefitted from the deep exploration of this study which, when compared with the proscriptive and linear models that describe how to achieve growth after trauma such as the power threat meaning framework (PTMF) and post-traumatic growth (PTG), showed a greater understanding of their experience (Johnstone, 2022; Collier, 2019).

5.3.2 Intentional Isolation

Existential philosopher Paul Tillich (2002) focused on the role of the individual in their existence. He argues that 'existential is the attitude of participating with one's own existence in some other existence' (Wildman, 1994). According to Marcel (1961), participation applies to the explicit and implicit language, the tacit dimension of body language and the intersubjective engagement between people. In her interview, Amber (p. 5) reported her response periods of social contact and said, 'I isolate, I need time to myself to recharge, to self-reassure'. Amber described the reasoning behind her isolation and articulated it as a need to circle back to being with herself and to attempt to create internal safety in self-reassurance. This comes from an overwhelming sense of the social and relational expectations she feels. According to Harari (2017), human actions may be deterministic or random, but not free. Applied to Amber's statement, it represents her adaptation to social integration and heightened interpersonal response to socialisation. Two aspects of this quote that imply this are the direct 'I isolate' and 'to self-reassure'. Harari's (2017) quote coupled with Amber's quote highlights the influence on personal decision-making from the external social world.

Berdyaev (2004, p.281) highlights relational and interpersonal aspects of the experience of loneliness stating, 'loneliness is a disappointment in consciousness endowing an object with a value, since an object cannot become for me either meaning or another you'. Amber discussed a static and individualistic self-representation in her social world that is, to some degree, preventing her from social integration and moderating her will to interface with the world. Copleston (1984) references this in his discussion of existentialism as a philosophy that affirms a free human being who struggles with totality, collectivity and depersonalisation. Amber demonstrated her individual difficulties in overcoming the feeling of loneliness and secondarily being able to integrate.

Amber could be describing her isolation in a concept known as intentional inexistence, which is characteristic of mental phenomena as no physical phenomena or object exhibits anything similar (Brentano, 1995). Brentano considered what is involved in having thoughts, beliefs, desires, purposes,

and other intentional attitudes that are directed upon objects that do not exist and was particularly concerned with the problem of how we can represent things that exist outside of the mind, such as the internal conceptualisation of isolation and justification of this for the individual. Amber's isolation could be based on perceptions, attitudes or beliefs of herself in her social world to which her experiences of CSA can be linked. Conversely, when Maura (p. 28) states, 'I find comfort in knowing that we are alone' she is observed to have used experiences of being alone to create space for sense-making. This could include processing the development of her personal autonomy and agency which might have benefits for her in a rational sense and thus her attitudinal stance could be integrated into positively adapted relational behaviours.

Existential theorists have long viewed isolation as one of the existential givens. Yalom (1980) described three types of isolation: existential, intrapersonal and interpersonal. Existential isolation encapsulates the pervasive innate sense of disconnection between one's self and the world. Maura is engaged in existential-phenomenological psychotherapy, so her deep insight and framing of her experience of being in the world could be related to this. According to Ettema, Derksen and van Leeuwen (2010), the central focus of therapy is not to eliminate existential loneliness or to rearrange things to conceal, but to face up to it and gain acceptance. This allows for growth, yet there is the potential that facing up to it might further lead an individual deeper into a sense of isolation. This supports the notion that Amber can consciously choose to engage with an intentional act of integrating into the social world more deliberately, find acceptance and incorporate the principle of existential isolation or acknowledge both in her lived experiences. Park and Pinel (2020) state that the consequence of repeated existential isolation inducing events as socialisation factors (e.g., avoidant attachment; Helm et al., 2020) and/or acculturation. With the extreme example of homelessness following CSA experiences explored by Côté et al. (2022).

Amber and Maura also highlight the subjectivity of isolation. Maura has integrated her experience into an initially philosophical perspective and then an internal sense of isolation which she is authentically at ease with. It is an autonomous act in essence illuminating the variability is isolation

as a concept. Amber similarly exerts her personal autonomy in her isolation but expresses a need to do this from an internal need that can rejuvenate her and meet an external relational and social need.

Smith (1994, p.40) states that ‘one will find no coherent interpretation of Brentano’s principle of intentionality so long as one remains in the framework of our usual, commonsensical notions of both the mind and its objects’, which can be related to the observed and interpreted subjective relational manifestations of CSA represented. For Maura, who reports finding comfort in being alone, this could be usual and ‘commonsensical’. However, perspectivism is highlighted as subjective and also demonstrates the individual’s meaning-making capacity. The phenomenological focus of this study allows for the emergence of subjectivity challenges. Morese et al. (2020) define social withdrawal as ‘voluntary isolation prolonged in time that involves the cessation of any form of social relationship and contact with people and the outside’. This study has shown that there is not always a cessation of behaviours, but the feeling or perception of isolation leads to varying degrees of withdrawal, isolation and social disintegration.

The existential lens in a theoretical sense and in practice applied to the experiences of isolation described in this study might promote the individual’s sense of autonomy and personal discernment in regard to their social integration. It might seek to achieve a sense of client-guided immersion with socialisation that serves to reinforce their agency and potentially leads to increased confidence in self in the social world. Choice-making capacity is a focus in the existential therapeutic encounter. This could be reinforced to the survivor of CSA to minimise the possible secondary effects of excessive voluntary isolation, which may link to feelings of shame, guilt and self-loathing. There are many perspectives, reasons and meanings in relation to isolation, which this study supports, with the recognition that socialisation has emotional, physical and interpersonal benefits for the individual and their being in the world. Boundary setting is commonly discussed in research literature and in practical therapeutic support (Bridges, 1999). Personal boundaries are reported to have many benefits for the adult survivor of CSA, yet this might contribute to a deeper sense of isolation for the individual if the boundary is not treated as situational.

5.3.3 Feeling Disconnected: My Individualised Sense-making Process

In her interview, Kaylee (p. 14) said, 'I think that's why I need to withdraw'. She maintained static reasoning around her need for withdrawal. This could be a protective safety mechanism, but the need represents a deliberate act of withholding herself socially with the desire to create a separation between herself and the other due to a heightened perception of potential threat. There is also a distinct permanence in her current and maintained processing and sense-making suggested by Kaylee's use of the present tense in her statement.

Bhatti et al. (2017) argue that social withdrawal and isolation can make it difficult to engage in healthy coping behaviours during times of stress, which itself can be caused by isolation. This closed statement does not support the range or scale of the individual's ability to cope or give scope to the variability of different social contexts. It could be that Kaylee's reflective capacity to make meaning of her reasoning for withdrawal is an emergence of growth. Finkelhor and Browne (1985) found that CSA experiences create dynamics of betrayal, powerlessness and stigmatisation. Gelinas (1983) comments on the CSA survivor's tendency to have difficulty saying 'no' because of the dynamic of powerlessness, yet Kaylee's narrative expression in her statement about her need to withdraw highlights her implicit tendency to in effect say 'no' with her act of social withdrawal, which represents rejecting others to find a sense of safety in her solitude.

The PTMF descriptive system links causes or threats to responses or likely patterns of response (Johnstone and Boyle, 2018). The model conceptualises a diagnostic model of distress which is co-produced by psychologists and trauma survivors. It is based on influential, but not universal, worldviews and informs what can broadly be described as positivism, which promotes a view of people as objects acted on by causal forces (Ingleby, 1981). Complex CSA experiences cannot be simply reduced in this way and therefore this causal model can lead to underestimation of the complexity of human experiences, including from a relational perspective. Smail (2004) highlights that although individuals are seen as having agency, it cannot be assumed that people can easily re-

author their narratives at will. He refers to this as ‘magical voluntarism’. Rather, as Parker (1992, p.32) argues, ‘people “make” discourse, but not in discursive conditions of their own choosing’. Put simply, people can make choices, but only from among the options open to them and from their own perception.

PTMF aims to facilitate the trauma survivor’s capacity to discern the meaning of their previous experiences and facilitate a way for the individual to integrate those experiences into their future options. However, while it is non-diagnostic it may still be framed by fixed questions, with a need to be simplified for non-psychologists and as such remains reductive, with a focus on making individuals’ experiences understandable and normalising them (Johnstone, 2022). This study recognises that not all human experiences are mediated by biology, or pathologically categorisable, with perception and subjective responses key to survivors’ experience. It also reinforces the need for deep exploration and immersion guided by sound ethical principles and professional psychological support to aid growth beyond the trauma of CSA. Trauma is a significant public health issue which, as Magruder et al. (2017) argue, necessitates a trauma-informed approach (TIA) to public health policy agendas. A TIA might merely represent an attitude or awareness of trauma. There is no way to know that trauma-informed therapists are practising uniformly, so there may be some subjectivity and inconsistency in this approach and thus the treatment of the individual and their presenting challenges, which might be both a positive and negative of the therapy provided (Magruder et al., 2017).

PTG requires that the individual trauma survivor deeply engages with the psychological process of growth following adversity. It may require drawing on personal resources as well as relying on supportive interpersonal resources (Tedeschi et al., 2018). The engagement with PTG can be isolating, painful and difficult, which might further compound the feeling of isolation. Tedeschi et al.’s claim of a need to rely on supportive interpersonal resources might prove difficult for an adult who has experienced CSA and who experiences a sense of relational isolation. Joseph and Linley (2005) describe how PTG is not a universal experience, so it is possible that all survivors of CSA might not have achieved PTG or even be able to. Barsakova and Oesterrich (2009) contend that social

factors are important in predicting the development of PTG, which given the findings of this study highlights the difficulties survivors can face.

In her interview, Kaylee (p. 7) said, 'And no one talked to me about it and it just went on and on'. This could be interpreted as her displaying personal strength in her expression of her emotional state when reflecting on the abuse and its impact. The use of 'on and on' is symbolic of the feeling of isolation and avoidance by others of discussing the incident extending into adulthood. This shows her sense of isolation as originating from childhood and extending to long after the event due to this silence. The phenomenological focus of this study has allowed for self-expression, which contributes to healing and growth away from the original experience even though the experience has not been discussed. Exploring the subsequent relational experiences helps avoid further silence around the consequences and aftermath of the event and avoids feelings of isolation in her current existence.

5.3.4 The Range and Scale of My Feelings of Isolation

In his study of adult survivors of CSA, Briere (1984) found feelings of isolation to be significantly more prevalent in a sample of sexually abused women compared to those who had not been abused. Tamryn (p. 24) reported, 'It left me feeling alone again, but that's something I'd always been used to emotionally'. Johnston (1998) contended that abuse not only violates the child's physical boundaries, it adversely affects their thinking and emotions. Tamryn described the notion of the emotional effect as a long-term consequence extending into adulthood in her phenomenological account, further illuminating her process and sense-making.

Tamryn (p. 8) added her interpretation of her sibling's sense-making around her emotional state adding, 'I was asking my brother for an authentic connection and he turned around and pathologised'. This was spoken in a distressed manner, with an interpreted response of Tamryn feeling isolated, misunderstood and reduced to pathological nomenclature. She felt was being labelled as something other than a person and not part of the norm of society and could be considered as 'the They' (Heidegger, 1962). She journeyed to isolation as she lost herself through the ongoing

experience or phenomenon of social normativity (Heidegger, 1962). Her brother whom she lived with when the abuse happened, and thus was to some degree aware of her feelings and behaviours in childhood, is inadvertently objectifying and depersonalising her emotional experiences in adulthood by pathologising her experience and by not acknowledging her uniqueness. This compounded her feelings of isolation. This supports previous research into the importance of support disclosure experiences and the reintegration of trauma experiences in adulthood (Easton, 2014). Sensitive and helpful responses can support survivors' well-being and recovery, whereas unhelpful responses that dismiss or disbelieve survivors' experiences can significantly contribute to their feeling of a need for silence (Easton, 2014). Negative disclosure experiences contribute to a sense of or actual isolation, yet Tamryn's experience shows the subjective interpretation of another's response to a relational need, and how intentionality of achieving relational closeness can be mediated by the attitudes and behaviours of a relational other.

Kaylee presented a significant experience of a loss of a feeling of personal power and agency. This was also shown in Amber's (p. 21) statement, 'It feels like something has been taken away from me' and Maura's (p.26), 'I was alone in hospital I was alone when I went anywhere'. These statements not only depict isolation but also emotional dysregulation that can be intrinsic to the isolation and perception of isolation. Thompson (1994, p.27) discussed emotional dysregulation, highlighting 'the extrinsic and intrinsic processes responsible for monitoring, evaluating, and modifying emotional reactions, especially their temporal features, to accomplish one's goals'. A prolonged emotional dysregulation or failure to find ways to self-regulate could be inhibitory for survivors' ability to realise their life goals and dreams. Maura exhibited the effect of emotional dysregulation in her everyday activities of living. This included difficulties engaging in the social world which ultimately is necessary to accomplish many goals. Insecure attachment and emotion regulation are possible mediators linking CSA to psychopathology in child victims (Charest et al., 2018; Langevin et al., 2015). This emphasises the potential positive impact of social and familial support in emotional regulatory processes for the individual.

Luthar, Cicchetti and Becker (2000) posit that '[t]he phenomenon of a dynamic developmental process encompassing the attainment of positive adaptation in the context of significant adversity is referred to as resilience'. They contend that resilience is a two-dimensional construct that encompasses both aspects of victims' life circumstances and evidence of positive adaptation. Yet, as outlined in this paper, subjectivity, personal agency and autonomy are crucial for adult survivors of CSA. Therefore, personal and professional discernment, as opposed to academic and research evidence, might support resilience with its variability and recognise it as more than a two-dimensional construct. Ungar (2011) presented the 'socio-ecological model of resilience'. The model highlights crucial aspects of resilience like facilitative environments which enable the individual to access resources, the interaction of protective mechanisms with exterior risk factors, a longitudinal period of record and cultural relativity. Ungar's model shows more flexibility in the application of tailoring it to the specific contexts of the individual such as culture, and individual access to resources. This could better facilitate the individual's post-traumatic meaning-making and use their responsibility, agency and choice-making capacity.

The interpersonal and relational challenges to communication around sharing the effect of the trauma of CSA experiences for the survivor include challenges and dilemmas, such as to whom, when and how to tell (Tener & Murphy, 2015). This paper shows how negative expression of experiences and a felt negative perception of the relational response towards the effect can lead to a solitary response with consequent behavioural or felt isolation. This is expressed in Tamryn (p. 6) saying, 'So this is a theme throughout my life. I never really felt as though I belong'.

Perceived social support is a robust, consistently found trauma-resilience factor (Brewin, Andrews & Valentine, 2000). However, a broader set of interpersonal skills likely fosters resilience in navigating social and emotional sequelae of interpersonal trauma such as shame, guilt and broken trust (Domhardt, Munzer, Fegert & Goldbeck, 2014). The phenomenological experience of shame has been described as a wish to conceal the damaged self, to disappear, or to die (Lewis, 1992; Tangney, 1995). Understanding others' intentions and behaviours is particularly difficult for some survivors of

CSA. Kaylee (p. 2) alludes to potential consequences of emotional expression of her experiences and the pre-emptive barriers to relational closeness in stating, 'I think I struggled to form friendships after this happened to me'. Thus, her subsequent sense-making and meaning-making resulting from CSA has affected her ability to socially integrate. Conversely, the reflective expression of this statement could be integrated into a way to both realise her autonomy in realising her relational possibilities in adulthood and heal from the trauma.

5.3.5 Identifying the Will to Socially Integrate or Seek Solitude in Isolation

Existential philosopher Nietzsche claims that all activity in the world is determined by the drives for power, growth and domination: 'Life simply is will to power' (Smith, 2018). Yet our participants demonstrated the primacy of seeking safety, often leading to isolation, and in doing so distance themselves from achieving power, growth or domination. Tedeschi and Calhoun (2004) suggested PTG can be achieved through an individual gaining a greater appreciation for life, relating to others more, making a spiritual or existential change, having an increased sense of personal strength, or realising new possibilities in life. The adult survivor of CSA might experience difficulties in conveying aspects or demonstrating elements of this relating to others, including peers or professionals, and feeling a sense of personal relational strength.

Amber (p.13) appeared to realise her relational possibilities and potential for relational closeness in her statement, 'Just to be able to share those moments'. Amber expressed her desire for this strongly and in doing so, subtle and implicit trust in herself and how she could present herself in a relational dynamic. This self-trust could be enhanced and advanced to enable her to achieve a sense of psychological safety in herself and with others and thus potentially lead to greater social connection. For Amber, there is a recognition of the value of socialisation. She acknowledges the absurdity of potential socialisation in relation to her safety in them.

Social support has protective mechanisms in the prevention of retraumatisation and re-victimisation, including sexual violence (APA DSM-5 Task Force, 2013). Maura (p. 33) reported how

the inability to achieve a sense of internal psychological safety can inhibit socialisation, saying, 'I would go through all these kind of things alone, and internalise them and just sit there with like, like a giant knot you know, it was I was just, my body was one giant knot'. It is a reflective reference to a previous experience, but her description alluded to a high level of personal insight and introspection. It demonstrated a strong connection to herself and her processes.

Buber (1970) stated that 'all real life is meeting'. In his framework of human existence, he reports relations as a fundamental function. He highlighted that being together with others, relatedness and dialogue are prerequisites for being in the world. Social isolation and integration both require a level of interpersonal connectivity. Gartner (1999) proposed that greater detail on how male survivors learn to successfully develop long-term connections, disclose emotions in relationships, and negotiate intimacy had important clinical implications for health and wellbeing, consistent with Buber's perspective.

Neff (2003) claims that self-compassion works as a self-regulatory stance toward one's experiences that is defined by self-kindness instead of self-judgement. It connects to a sense of humanity instead of isolation by mindful awareness of the present rather than over-identifying with it. Evidence suggests that individuals with higher self-compassion are more flexible and adaptable to an array of social interactions (Seligowski et al., 2015). They also tend to be more connected with others (Neff et al., 2007).

It is difficult to measure connection due to its subjective nature and unique meaning for everyone. Maura (p. 26) highlighted this challenge when she asserted, 'I was alone in hospital. I was alone when I went anywhere'. Maura's expression of being alone when in crisis and in her everyday life was spoken with a sense of absurdity and discomfort which showed her lack of confidence in these situations. With her other statements, it provides a deeper sense and illumination of her uniquely personal feelings of isolation and is less of a reaction to the external environment of the hospital or the busy street, but a deeply held belief about herself in the world. Similarly, Merleau-Ponty (1968) reported that 'thought is a relationship with oneself and with the world, as well as a relationship with

the other: hence is established in the three dimensions at the same time'. Maura's statement was interesting as she highlighted her connection to her thoughts and personal insights, which she applies in different social situations. Her strong self-awareness could be used as a bridge for the possibilities of developing meaningful connections in her social world.

5.4 Discussion: Intentional Social Moderation

5.4.1 Reflection of Findings

While existentialist philosophy largely supports a dynamic conception of self, the participants involved in this study predominantly reported a more chaotic self-concept largely formulated by their interactions with and perceived expectations of others. Three participants were reflective and proactive in a desire to change their range of self-expression and interface in their relational world. The remaining five had strongly held maladaptive conceptions of self, with little expression of a possibility to realise their personal agency or autonomy in the expression of their being with others. All eight reported multiple instances across a range of social situations where they moderated their self-expression to others. Seven participants' intentional social moderations were supported by internal value beliefs about themselves, which served to reinforce the behaviour of social moderation.

Social moderation in this study was observed and a perceived behavioural need. All participants implicitly acknowledged a need for some level of social integration, yet if a sense of internal and relational safety was not present, then their need to isolate or socially moderate to varying degrees and situations was revealed. This study also provides the context of pre-existing factors around CSA in childhood that might compound the feeling of needing to self-moderate.

5.4.2 Existential Perspectives on Selfhood: The Self-Objectified

Existentialism is a philosophy around values, rather than a set of values, as it assumes no objective, preconceived, nor universally valid or preconceived value system (Martin, Campbell & Henry 2004). Religiosity can be considered a spiritual expression of an individual associated with beliefs, values, valid laws and rituals (Iannello et al., 2019; Cotton et al., 2006). According to Hood

(2009), 'faith', as a representation of an individual's spiritual beliefs, is a variably expressed trait or intrinsic interpersonal value that describes their experience. Religiosity has contributed to collectivist thought around selfhood through its evolution as a formalised institution aligned with the expression of one's relationship with the sacred and interconnectedness with humanity (Iannello et al., 2019; Cotton et al., 2006).

The social constructionist view of religion is linked to its inception and sociological representation of the objectified self in its conceptualisation of God or Christ as almighty. While God or Christ is commonly identified through his narrative account of self in various religious texts, it is subject to a paradoxical mix of acceptance of account and contextual interpretation, which informs a collective comprehension.

According to Spinoza (1941), God has two discernible attributes: thought and extension. Applied to the subject of selfhood, these attributes might be extended as ways for the individual to exist in the world and navigate through it. A deeper and more phenomenological insight into an individual's subjective experience of religiosity can determine if and how they place religious faith or spirituality in their life. It is typically a self-directed process where interpersonal processes like their choice-making ability and personal discernment can be exercised. Kavar (2012) suggests that the spiritual dimensions of self allow individuals to discover, create and encounter meaning, purpose and value in other dimensions of life including the embodied, cultural social and psychological. He posits that the integration of the religious self and the external relational world can potentially have major benefits to the maintenance and creation of a multifaceted existence. Yet, a limited number of studies demonstrate the existence of a direct relationship between individuals' westernised religious beliefs, attitudes toward religion or their satisfaction with life (Mak et al., 2011). Cross-cultural analysis demonstrates the variation in the traditional conception of self as we know it with Eastern culture, especially Buddhist philosophy, firmly rooted in the recognition of one's self as an ideal projection of self (Mosig, 2006).

Existentialism has been linked with a sceptical view of religion, yet Kierkegaard (1987) discussed authentic selfhood in the framework of a goal to realise or a project to undertake about religious faith and selfhood. He suggested that we must look beyond ourselves to God to gain a deeper understanding of ourselves. Kierkegaard (1987) said: 'for God can provide us with our real identities'. Nietzsche famously posited 'god is dead' as a framing to allow individuals to realise their agency and autonomy (Smith, 2018). Similarly, Grubbs (2016) described how people who fear God have a lower overall sense of self-worth, while self-esteem functions as a coping resource and protective factor during life hardships (Moksnes & Espnes, 2013).

Many forms of religious faith describe the relationship of the self as being shaped out of the character of God which aligns with a monist view of the 'should' and a sanctified view of the body (Jacobson, Hall, Anderson & Willingham, 2016). For survivors of CSA, the integration of painful affective and trauma experiences and upholding religious beliefs might impose interpersonal tension. None of the participants expressed any spiritualist views independent of or in relation to their experiences of CSA and none cited any affiliation with a religious faith before or after their experience of the trauma of CSA. This, perhaps, demonstrates the incompatibility of religiosity and having experienced CSA.

Modern research into selfhood combines the physiological and psychological processes central to atypical, neurodiverse and psychiatric external presentations of a self and selfhood in biological decline (Wegner, 2002; Metzinger, 2003). Previously, impairments or disturbance of self were considered features of psychopathy (Kernberg, 1994). Neuroscientists, behaviourists and cognitive scientists present different variations on the assessment, formulation and interpretation of self in more overt behavioural presentations. This means selfhood is often posited as an objective, but differently defined, sociological construction by a professional individual in a position of power or as part of a system of classification.

5.4.3 Selfhood or Individuation

Jane (p. 12) disclosed a diagnosis of attention deficit hyperactivity disorder (ADHD) and stated that ‘we were responding to each other’s trauma and it could be ugly’. She described an acute self and an awareness of her agency and herself in interaction with others which suggests a positive moderation of self due to her understanding of her behaviours and an adaptation made in consideration of others. This contradicts earlier findings of greater negativity towards partners and offspring (Isley, Isley, Freiburger & McMackin, 2008; Roberts, et al., 2004). This contradiction may be influenced by Jane’s position as a psychologist in training with a commitment to growth and existentialism.

Fricker (2007) describes epistemic injustice as an inhibitory process which refers to the potential for harm to an individual’s selfhood and specifically epistemic agency by ‘knowers’. Knowers are interpreters of information (professionals) who stifle and diminish individual experience agency and dignity. Jane extends her dignity by offering a deep insight into her condition and her behaviours. Rather than her diagnosis being an inhibitory act, the conceptualisation of selfhood for Jane has given her agency, autonomy and responsibility over her behaviours. This contrasts with van der Kolk et al.’s (1996) suggestion that those who experience childhood trauma may externalise the trauma by victimising others. Perhaps the value of understanding individual experiences of atypical individuals or neurodiversity can lead to further understanding of selfhood, with refinement in the understanding, formulation and management of such conditions.

5.4.4 Being in the Modern World: The Dynamic Self and Power

Goffman (1959, p.252) provided post-modernist sociological commentary around the self when he reported that the self is identified in encounters with the world and others in the world stating, ‘The self ... is a dramatic effect arising diffusely from a scene that is presented’. This statement seems to align with Kim’s (p. 2) statement of ‘just me putting on my fake face’ and presenting her inauthentic visage as an objective account of her lived experience. Kim situated this

statement in experiences of being with mothers and children in a social setting. She alludes to social expectations of her in a description of her adapted self. Arras (1976) discusses De Beauvoir's perspective on authenticity as an ambiguous existence requiring the willingness of the individual to 'be a disclosure of being'. Asserting her freedom with the unmasking of her authentic self and unravelling her inauthentic adaptive self-interface could be gently facilitated by helping Kim realise her personal freedom, understand her self-moderation and move away from her dependency on it.

According to Gergen (2007), postmodern culture has eradicated the 'self'. It is erased as the person is saturated with images from the media that 'furnishes us with a multiplicity of incoherent and unrelated languages of the self'. It is socially mediated in a manner that dismisses agency, personal autonomy and responsibility. Similarly, Hare (1985) describes a view of self-identity that is formed out of the discourses attainable to us. He argues that a human consists of linguistic and physiological practices central to our existence so that our felt identity arises out of culturally accessible narrative forms that we reference in our communications with others in our social world. It may be that the notion of this extends beyond linguistic forms to behavioural examples such as the modern dichotomy that exists in the projection of an edited self on social media platforms. This was evident in Nina's (p. 8) statement that, 'they don't know a lot about what I've been through because that's a very serious conversation that not everyone is ready for'. She describes all her friendships as being with people whom she meets and interacts with solely online. Nina discusses a deliberate moderation of herself in these interactions and shows how social media facilitates this. She is therefore able to inhibit sharing parts of herself authentically through textual language.

Chouliara et al. (2014) conclude that experiencing CSA can have a profound effect on general emotional well-being leading to a loss of confidence and low levels of self-esteem. There is a growing body of research which describes the harm that can occur to self-esteem due to social media use, with individuals who use it more frequently to generate income and reputation often referring to themselves as 'influencers' (Ekinci, et al. 2025). They claim to inspire, motivate and support others. Influencers often selectively portray positive aspects of their selfhood and associated experiences for

the gaze of the external world, suggesting that this deliberate projection of self into the external world reinforces a stronger sense of self to be internalised (Ekinci, et al. 2025). More recent research evidence confirms the contrary with a high incidence of mental health struggles reportedly associated with both regular use of social media and the role. Yet for Nina, it served to protect her from any intrusion into her emotionality such as judgement and adverse behaviours and provided control over her interactions.

5.4.5 The Modern Discourse of The Sense of Self

Michael Foucault (1979) spoke of the relationship between discourse and power long before the formation of social media but his discourse theory, particularly his ideas around knowledge, align with the emergence of social media and selfhood. He claimed that knowledge is not something internal to an individual, but an externally given and robust set of statements or claims made by a culture of individuals in a position of power, which are neither true nor false but definitive and directly reflective of the societal institution or group. This could therefore be applied to influencers (Ekinci, et al. 2025). Foucault also suggests that the 'knowledges', or epistemes, are maintained to represent a function of the power relationships. He describes the pattern of this as: 'Every point in the exercise of power is a site where knowledge is formed: conversely every established piece of knowledge permits and assures the exercise of power' (1979, p.62). In modern-day social media use, the authenticity and agency of selfhood are replaced by a collective self-identification of a self-categorisation of a follower or influencer, with the influencer implicitly or explicitly taking a stance of a position of power over the follower. Conversely, Nina feels it maintains her power and autonomy but from a different perspective, it is limiting her true expression of self and authenticity.

Collins (1988) argues that people play multiple and fleeting roles at any one time and that those roles may be played in double fashion, simultaneously enacting and distancing one's self from the role. Therefore, multiple, fluctuating and situational selves are commonplace in the modern world. He argues that the image of a core self is a myth arising as the central sacred object of modern society.

The mythical self is created around symbols with which people have interacted and imbued with sacred emotions and reflects the structure of society. He states that: ‘we are compelled to have an individual self, not because we actually have one, but because social interaction requires us to act as if we do’ (1988, p.107). This perspective is consistent with existentialist philosophy as May (1991), for example, contends that experience and the self are evaluated, directed and interpreted through the lens of one’s own developing and evolving sense of agency, autonomy and understanding of authentic existence. Kaylee (p. 3) appears to confirm the notion of this in her statement in which she says, ‘Moving was to feel less broken, okay to feel less damaged I think would be the idea of recreating identity’. Kaylee references the evaluation which May describes. The statement also chimes with Durkheim’s (1973) statement of being compelled to have an individual self, as Kaylee speaks of a behavioural and psychological attempt to individuate in recreating an identity. In doing so, she feels a stronger sense of autonomy and agency, with the expression of a need for authenticity in this situation and to feel ‘less damaged’. This is an indication of how she is feeling or could feel in the here and now and shows a fluid or evolving sense of herself. According to depth-psychological perspectives, individuals can conceal their internal motivations from themselves (Lockie, 2003), so there is the potential for this to be at the root of Kaylee’s current process.

5.4.6 A Return to Things (People Themselves): The Paradox of the Fragility of The Human Condition and The Struggle for Agency

Phenomenology is the study of experience as it is lived and structured through consciousness. Experience refers here to more than accumulated evidence or knowledge, but to something we undergo that is not simply accumulated and mastered by us. Phenomenology asks that we be open to experience in this sense (Friesen, Henricksson & Saevi, 2012). Vesely (1988) contends that phenomenology is an attempt to understand from the inside and not to dismiss or criticise someone’s reality. It accounts for the self and self-integration including meanings we derive from experience. This aligns with Amber’s (p. 6) statement, ‘I need to moderate’, which originates from her perception of her lived reality. Her statement aligns with Sharp et al.’s (2012) claims that individuals experience

pathological reactions to trauma (e.g., internalised mental representations of the self as unlovable and others as unavailable). A fundamental principle of phenomenology is that human consciousness is persistently and inevitably directed towards and in relation to something beyond itself. This is known as the arc of intentionality, which describes the process of meaning (Merleau-Ponty, 2005). Amber described her arc of intentionality, which is the need to confirm her perception of the response of others, and of herself in interactions, meaning she feels she needs to moderate herself in social interactions. Husserl (1970) describes this concept by stating, ‘in perception something is perceived, in imagination something is imagined in a statement, something is stated in love something is loved, in hate something is hated and in desire something is desired’.

The development of phenomenological insights into human experiencing and existence is central to the primary and historic origin of phenomenology and, according to van der Berg (1972, p.77) ‘phenomenology is a method that could also be called an attitude’. Merleau-Ponty (2005) claims that to practice phenomenology, we must begin with a reawakening of the basic experience of the world by practising a direct description of it. The power of phenomenology is to convey and realise the intelligibility of lived experience. It is in the act of rendering that intelligibility of the faithfulness of the phenomenological approach to lived experience exists (Burch, 1989). Moran (2000) says that the objective of phenomenology is to study subjectivity objectively and objectivity subjectively while accounting for the whole of human consciousness experience in all its complexity.

Heidegger (1993) categorically refuted the concept of identity in ‘ipseity’ (core self) as human beings are not identical. Rather, they are or can be themselves. Ricoeur (1992) grasped this idea retrospectively by separating idem-identity and ipse-identity or ‘sameness’ and ‘selfhood’. Heidegger maintained a further distinction by debating the who and what in relation to self, in addition to offering a temporal conception of self (Hart, 2009). Maura (p. 22) appears to confirm the notion of the temporal conception of self in stating ‘I’m quite, just like a nervous person in general, I think when I’m with you know good friends, I think it can be really beneficial to be with them, because they’re like, they’re quite anxious and you know everyone is suffering something’. In this

statement, Maura speaks of the connection with her friends based on the shared ability to convey a range of temporal emotions and further shows the ability to convey different parts of herself in social situations that are temporal in essence. It is an act of shared authenticity in being and a permittance of the changeability and dynamic aspects of one's self as expressed to others.

By its very definition, existentialism contributes to the discussion around selfhood. Existentialism recognises the givens of our individuality, which is distinct and demands continuous interpersonal response (May, 1958). Laing (1969) expressed how fellow existentialists Binswanger and Boss failed to capture the essence of Heidegger's philosophy embodied in his conception of truth. He characterised truth as 'that which is without secrecy'. Pally (p. 3) stated 'I shut it off because I could tell you all about my traumas, but I wouldn't experience any emotions in relation to it'. Pally described a modification of her willingness to share her traumas in her social relationships and avoidance of active potential to do so. This keeps it secure and shrouded in secrecy, as perhaps a learnt response. The secrecy is contextual and is felt as significantly more important in the context of the sharing of traumatic experiences in social relationships.

Schneider (1999) proposes that 'the paradoxical self' is a function of positions on a continuum of contradicting polarities of expanding and constricting consciousness across six spheres. In his model, he shows the interplay between experience and expression of self. He determines a hierarchy of depth with physiological consciousness existing in the six spheres followed by environmental, cognitive, psychosexual, interpersonal and experiential consciousness. In addition to illuminating the dimensions of self-involvement, the model is uniquely existential due to its emphasis on the individual's freedom to choose. The core of the spectrum denotes 'being level or ontological freedom'. Conversely, Rowlands (2017) mentions the two 'selves' involved in memory, while discussing the differences between the notions of autobiographical self and narrative self. In her interview, Kim (p. 15) states that 'I ended up sitting at the front to appease in a roundabout way'. The autobiographical self is not the same as the narrative self and is distinct from the question of whether the self has a narrative structure (Rowlands, 2017). Nonetheless, the autobiographical self is

compatible with narrative accounts of self-understanding that conceive that the self who remembers adopts the position of narrator with respect to the self that originally experienced. There is a distinction between what Kim self-interprets from her memory and how she expresses her sense-making which is subtly inauthentic, in addition to the inauthenticity of her physical presence with others. This process of the self which adopts the position of narrator is observable in her statement and appears to reflect on an implicit distancing from her behaviours, in addition to the overt act of modifying her behaviours for the perceived needs of others.

5.4.7 Realising Personal Autonomy of Social and Interpersonal Experience

The anti-psychiatry movement is fundamental to the objectives of this study (Cooper, 1967). It serves as an important reference for social movements and the social applicability of such movements as this study considers the self in relation to the other (Crossley, 1998). Laing's (1969) contribution to this subject is a passionate critique of the language of pathology. He advocates for determined accounts of human agency between the social world and the individual. He discusses earlier observations about the vocabulary of degeneration in psychiatry as symbolic of its avoidance of freedom, choice and responsibility which, in addition to being existential concepts, are central to the maturing and evolving individual. In reductive descriptions of self, we could neglect to account for the experiences that contribute towards the sense of self. Two of the participants in this study were working professionally in the mental health and psychological sectors and receiving psychotherapeutic support. They openly described phenomenologically based conceptualisations of their ongoing challenges, which mirrored Heidegger's (1962) position that, this temporal structure serves 'as the horizon for all understanding of being and for any way of interpreting it'.

Much of the existentialist perspective views the self as dynamic and evolving throughout life (Ashworth, 2003). In his existential analytic perspective, Levinas refines the traditional philosophical concepts of ontology, epistemology, ethics and language by introducing the premise that human singularity occurs before numerical unity and human otherness occurs before sameness (Mensch,

2015). Jane (p. 9) said, 'I don't feel safe, I think some of that was those feelings that I had. I would externalise it which caused conflict in the relationships'. This reflects Heidegger's (1962) analytic focus on how our being in the world corresponds to our understanding of being.

For Levinas, this understanding is based on our embodied being with others and is relational in essence (Mensch, 2015). Jane highlighted this stance in her inclusion of how her behaviour affects others. From Levinas's perspective, it includes the ethical obligations that spring from our needs, vulnerabilities and the personal values that are realised through our engagement with others (Mensch, 2015). Jane exposed her vulnerabilities in the expression of behaviours that could create conflict. As she alluded to her implicit value of creating harmonious interactions, there was an acknowledgement of Levinas' ideas around ethical obligations of being with others relationally and in her awareness and modification of her behaviours she is confronting her interactions with others (Mensch, 2015). This is reinforced by Barrett (1959), who defined existentialism as a philosophy that 'confronts the human situation in its totality, to ask what the basic conditions of human existence are and how man can establish his own meaning out of these conditions'. Jane reports that the meaning of conflict for her originates from feeling unsafe and paradoxically her acute awareness of her tendency to create conflict led her to modify her expression of her feelings around safety. She was seen to have a high level of both internal and interpersonal connectively to herself, her relational experiences and her ability to integrate her experience of CSA positively.

5.4.8 The Self Through Suffering and Adversity

The 'self' has been difficult to describe, locate or define. Contributions towards the debate about the existence of the 'self' are ongoing as psychotherapy continues to address the emotional, psychological, experiential and moral dimensions of self, human suffering and the paradoxical nature of the diversity and connectivity of human experiencing (Moulyn, 1982). Heidegger (1962) provides a universal example of a condition of self in his ideas of thrownness. Human beings are thrown into a confusing world of meaninglessness, uncapped freedom, inevitable death, alienation and isolation,

which creates tensions, predicaments and ongoing challenges (Heidegger, 1962). Perhaps the most popular example of the significance of suffering and adversity from an existential perspective is conceived from sense-making by Frankl (1961). As a survivor of the Auschwitz concentration camp, he came to view suffering as a unique and inevitable human experience. Despite the horrors he witnessed and endured, he argued that in suffering the individual is provided the opportunity to direct their freedom to consciously choose the meaning of that suffering and the meaning of their life. He believed that 'human life can be fulfilled not only in creating and enjoying but also in suffering' (p.106).

Tedeschi et al. (2018) apply the broad conclusion that the emotional and cognitive challenges arising from reflection on existential issues lead to multiple paths involving intra-individual (emotional or cognitive processing) and inter-individual (circumstances) factors which affect PTG. Similarly, Schneider (1999) describes the concept of the paradoxical self and advocates the human potential for adaptability and the ability to reconcile different tensions and predicaments central to the human condition. In her interview, Amber (p. 7) described the challenges in adaptability and difficulties in her ability to reconcile different tensions stating, 'I think there's always a fear that if I take other parts of myself into the world it would be too much for other people'. This statement describes a viewpoint of her sharing limited parts of herself with others in social interactions, with the maintenance of a static sense of this feeling persisting throughout her life span until this point. The intentional modification or adaptation of only interfacing certain parts of herself with the world is based on a fear of a negative response from others in her relational world.

Laing (1971) described ontological security as an individual's ability to achieve and maintain focus on subjectivity. An ontologically secure person will encounter a multitude of hazards of life from a centrally firm sense of their own and other people's reality and identity. They may experience their own being as real, alive and whole and as differentiated from the rest of the world in ordinary circumstances so clearly that their identity and autonomy are never in question. This may be as a continuum in time; as having an inner consistency, substantiality, genuineness, and worth; as spatially

coextensive with the body; and usually as having begun in or around birth and liable to extinction with death (Laing, 1971).

In her interview, Kaylee (p. 3) reported that ‘moving was to feel less broken okay to feel less damaged, I think, would be the idea of recreating identity’. Kaylee described a deep sense of ontological insecurity in herself and her environment. This led her to move to another country to aim to achieve a sense of safety, but also to conceal the self-concept of being ‘broken’. In this sense, she is intentionally moderating her authentic existence. Existentialism might broaden her worldview to help allow for the absurdity and ambiguity of her experiences and existence in any country she chooses to live in. This might permit a more organic, less moderated, relational perspective.

5.4.9 The Constructed Social Facade Versus the Socially Revealed Self

Laing (1971) appeared to hold the duality and paradoxical idea of the relatively static and known sense of self and the individual’s permission to allow for hazards or adversities. Similarly, in his inner sense model, Kierkegaard (1987) encourages the interpersonal re-evaluation and reframing of the sense of self away from society’s view. He proposes that to embody a sense of authentic selfhood, one must consider what we think and feel separately from the influence of tradition and cultural expectations. Kaylee’s negative and static self-description of being ‘broken’ and ‘damaged’ could inhibit her ability to experience relational closeness. This is further compounded by her attempts to recreate her identity in a foreign country. Kaylee might not want to achieve a relational closeness as she imposes constraints in her environment such as language and culture on top of her negative self-perception. This is consistent with Estevez et al.’s (2016) findings of negative self-perception in female survivors of CSA. These may be deliberate barriers to her social engagement with others.

According to Calverly, Fischer and Ayoub (1994), distortions in self-representation that may be consistent with a ‘false self’ are present in sexually abused females. In the analysis of Maura’s and Kim’s observed intentional social moderation, they expressed a higher degree of ontological security

through their ability to hold the duality of implicit protection of their moderated social behaviour and integrate this into their self-understanding. Kierkegaard (1987) suggests that an individual develops subjectivity and inwardness, which are two distinct interpersonal and individual processes. Yet, questions persist on what is the ontological status of self and what is its phenomenological reality. Taylor (1989) and Jaynes (1976) state that not only has the concept of the self, but the self itself, evolved. Maura divulged that she had engaged in long-term therapy since childhood and works professionally in the mental health field. This may have meant that she had the opportunity and capacity for introspection, reframing and re-evaluation (Kierkegaard, 1987). Conversely, Heidegger (1962) asserts that individuals tranquillise their anxiety by actualising publicly defined goals, aspirations and public roles and in doing so prevent themselves from achieving self-awareness, which is not conducive to developing the power to change and adapt themselves.

Descartes (1999) stated, 'I made the decision to study myself', a fundamental statement in the ongoing quest for self-understanding. He spoke of the importance of self-evidence; the quest for knowing yourself. The participants involved in this study showed varying capacity and intentionality for this. An interpretation of the intentionality behind participating in this study is the implicit desire for more self-understanding. A quote from Nina (p. 8) shows this when she reports that 'they don't know a lot about what I've been through, because that's a very serious conversation that not everyone is ready for'. Thus, if Nina engaged in a journey of relating her individual ongoing needs, healing and recognising her personal agency, she could discover that sharing what she has experienced could contribute to the integration of traumatic experiences and how a more authentic portrayal of herself and her life experiences might lead to relational closeness.

May (1991) provides a mediative conceptualisation in *The Cry for Myth*. A myth is a phenomenon that is neither true nor false and cannot be proven true or untrue. Myths can permit deep sustaining meaning and help focus pathways and direction in life: myths are healthy, growth facilitating and essential. Referring to similarities of myths and self, May (1991) posits that we are not making a metaphysical statement about the existence of self, but are referring to multiple social

constructions of the self. This can provide a variety of sustained meanings. Participants showed multiple ways of interfacing in their relational world but conceded to an overall variable sense of an inauthentic and altered sense of themselves. Amber (p. 6-7) shows real-world conceptualisation of *The Cry for Myth* in her statements that 'I was hushed ... you know we love you but enough of that' and 'As for my father: me being anything other than neutral was too much'. Ambers expresses disdain for her father's feedback, recognising it had contributed towards an intentional moderation of self. The disdain is a present-day reflection on how the idea of another's perception influencing ongoing interactions sits with her. The confidence with which Amber shares this is a desire to move away from being for others, yet could be experienced as an ongoing internal tension of how to action this. This bears similarity to the theme of 'the worthless self' identified by Kraye et al. (2015), particularly around feelings of not being heard.

Hegel (1770-1831) describes a more dynamic conceptualisation of the self (Berenson, 1982). The Hegelian self is epigenetic and conflictual and depends on the externalisation of the action of the self on and in the world. This important distinction recognises that that which is externalised is then internalised and the self that it becomes is in interaction with other 'selves' (Berenson, 1982). The projection onto the world of its inwardness reintegrates that which flows out to reach its next stage of development (Berenson, 1982). In recognition of the self as dynamic, Hegel also implies that the self's relationship with the world is dynamic. Markus and Nurius (1986) maintain a similar view of the self as dynamic, with an adaptive structure that is naturally in a constant and continuous state of change. Gergen (2007) argues that in examining the ideas of self we have focused too closely on the central tendencies and have ignored the range and complexity of being, as the individual has many potential selves. This aligns well with the statement made by Pally (p. 3) who reports that she 'sort of fractured a little'. It is an insightful reflection of a previous experience of self with others, but contextualised in a recognition of the self as dynamic, changing and evolving. While the intentional moderation in this context occurred previously, the conveyance of this level of introspect denotes a capacity for growth and thus relational closeness stemming from an understanding of self.

5.4.10 The Phenomenological Experience of Trauma

A breadth of research supports the physiological consequences and anatomical disruptions caused by psychopathologies (van der Kolk, 2015; APA, 2013). In defining the uniquely interpersonal post-traumatic manifestations of trauma experience, Bracken (2003) reports that trauma is a loss of meaning. Ambiguity in this definition could represent the variation of the loss and meaning for survivors. Bracken maintains that our individual organising beliefs regarding the benevolence or meaningfulness of the world provide an implicit representation of the importance of the individual and phenomenological account in the conceptualisation and understanding of trauma. Trauma is commonly conceptualised as a diachronic relationship between a cause (the traumatic event) and the effect (the resultant symptoms), with variation in the experience of the effect. Sass (2014) advocates the use of his phenomenological taxonomy in which the explanatory value, rather than being construed in terms of causality, is viewed from a more detailed focus on the exploration of the generally assumed causal relations between post-traumatic experiences and the traumatic event. It has the intention of holding the individual's experience of the trauma and their experience of resultant distress. Across all the interviews a firm defence of their observed social modification or protective adaptations was conveyed by all participants. This emerged through curious phenomenological questioning, rather than a pathologising and labelling approach.

Husserl (1970), referring to phenomenology, stated 'We must return to the things themselves'. Similarly, with trauma disclosure, there is a fundamental importance placed on the conveyed acceptance of the individual's narrative account. For the witness to an account of trauma, in adopting this stance, they can attend to what Husserl called their lifeworld (Husserl, 1983). Much of the existing body of clinical research into trauma focuses on the resultant cognitive processes, with trauma seen as a disordering stimulus that surpasses the mind's capacity for progression leading to stereotyped repetition and chaos (Becker et al. 2007). Stolorow (2007) contends the lived experience of trauma creates a profound sense of singularity built into the experience of trauma itself, further demonstrating the need for singular narrative accounts. Brison (2003) acknowledges the healing

power of annotative accounts, concluding that in doing so the trauma survivor can integrate the traumatic experience into life before and after and additionally, it can serve to control the occurrence of intrusive memories.

Kaylee's (p. 13) statement that 'he said "Wow you're a really great actress"' might be supported by Brison's (2003) argument by the affirmation of a relational other's acknowledgement of her intentional moderation. Kaylee might use the relational feedback in observing this as a barrier of relational closeness through its confrontation of her interaction with another. Trauma experiences have been demonstrated to have a profound effect on the sense of self (Schoore, 2003). This revelation to Kaylee by another might serve to lead her to a more authentic portrayal of herself or encourage her to hide her true self more effectively. Evidence shows that beliefs about the self, extending to core beliefs about the self are often negatively affected by traumatic experiences and the somatic and physiological manifestation of trauma experiences can include feeling as though your bowel movement is not finished or that your digestive system is faulty (Graham et al., 2019). It can also include more sedimented alterations of self such as feelings of disembodiment and related identity disturbances (Bernstein & Putnam, 1986; Foa et al., 1999; Briere & Runtz, 2002; Frewen & Lanius, 2015).

The default network is a coordinated functionally connected system in the brain characterised, by involvement in functions of self-referential processes (Sheline et al., 2009). Self-referential processes define the many self-related or social-cognitive functions that permit us to gain insight and draw inferences related to our individual emotional and physical states. It is also active as we recognise these states in others (Greicius et al., 2003). Collectively, these mediated processes are thought to provide the foundation for a continued experience of the self across time, occasionally referred to as 'autonoetic consciousness' (Fransson, 2005; Piolino et al., 2006; Tulving, 1985). These processes use self-relevant information and the associated events to produce our sense of self (Conway & Pleydell-Pearce, 2000). This is consistent with Maura's (p. 13) declaration that 'the shakes stemmed from um like I can remember they started after the sexual abuse, after that they were

constant in my life'. Although autonomic, they are an expression of her trauma and Maura interfaces with the world relationally with this consequent visible display, which may create an actual or perceived barrier to social interaction.

A fundamental consideration in the enquiry of phenomenological experiences of trauma is cross-cultural variations, which reveal observable differences in both individual experiences and subsequent psychological distress. Of eight participants, two self-identified as non-White British but made no reference to distinctions in the cultural influence or implications of their traumatic experiences of CSA. Herman (1992) highlights that the labelling of an event as traumatic implicitly stipulates that it is beyond normal experience. Across different cultures, there is a difference in what is experienced as typical and possible and what can cause an alteration in the individual's view of possibilities. Further examination of cross-cultural variations in response to trauma has led to various levels of meaning applied to the traumatic event experienced, with research into taboo, secrecy, denial and avoidance in the discourse of traumatic events (Semprun, 1994). Jaspers (1938) contends that 'we are not only here, but our existence is entrusted to us as a place as a body of the realisation of our origin' and thus the entrustment relates to a demand for a deeper enquiry into cultural variations.

Modern literature and research into the conceptualisation of self suggest that the reparative process in trauma experiences is mediated by internal mechanisms including self-referral for professional support, self-expression, self-help, and external mechanisms such as seeking social support from family and friends. This may vary between cultures and may have implications for the individual's ability to structure or restructure the experience in their life in the present day. Yet perhaps seeking a reparative process is the wrong way to conceptualise the emergent themes shown in the findings of this study, as all the participants highlight a desire for acceptance from relational others alongside healing.

5.5 Non-Linear Interplay

This study highlighted the non-linearity of attempted healing after CSA. Some participants demonstrated a concerted effort to improve their relationships, self-understanding and self-

compassion and to increase social engagement. Others felt that healing came from having boundaries to engaging in relationships, which felt unsafe and where they strongly sensed their agency and personal autonomy. In some participants, isolation was found to lead to dysregulation which led back to feelings of isolation. The shared expression of such difficulties in the relational dynamic of existential therapy might support the feelings of isolation and help regulate the individual's being in the world, break the cycle of dysregulation and highlight positive future relational prospects.

Interpersonal connectivity has been shown in this research as a mediator of all three of the essential themes. Interpersonal connectivity was both supported and inhibited by an individual's social, world with relationality having a more positive impact on the sense of self, confidence in socialisation and feelings of safety and comfort. The PTMF is a causal model which suggests a linear approach to 'healing' and 'recovery' (Johnstone, 2022). It uses phrases like 'troubled and troubling behaviour', 'behavioural reactions' and 'survival responses'. While it attempts to move beyond overt pathologising, it does not acknowledge the phenomenological and existential accounts seen in this research. It is categorical in design, despite being hermeneutic. Morgan (2023, p. 53) states that it 'tends toward a linear view of causality that is reductive in its search for the meaning of mental distress'. He also suggests that it involves an equivalent act of pathologisation with its conceptualisation of threat responses. Yet, some participants in this study demonstrate deeper insights into behaviour, thoughts and feelings that inhibit typical indicators of growth and others discern individual meaning and respond to their choice-making ability following CSA in their adulthood relationships.

Examples demonstrated in this research include socialising with acute levels of hypervigilance or relational dependency to social withdrawal and isolation. A further example is superficial and inauthentic social engagement with a heavily moderated interface between the self and others due to a chronic sense of instability and feeling unsafe in the social world that could lead to social isolation. Tamryn (p. 8) expressed how her challenges and implicit seeking of safety followed from her brother meeting her with what she perceived as a pathologising response, which led her to

feel isolated and that the act of pathologising her led her to isolate from this family member which extended to other family members and potentially beyond. This research demonstrates the emergence of non-linear broad-scoping adaptive processes and behaviours with respect to relationships in adulthood after CSA, rather than benchmarks or a step-wise way of integrating socially.

A persistent sense of interpersonal insecurity leading to barriers to socialisation is shown well in Jane's (p. 11) statement, 'Well I go so if I go on a date are you gonna watch me so I don't get kidnapped'. This presents a high relational need from her friend, potentially leading to a relational barrier, with whom she is placing responsibility for her exaggerated concern for her safety. She would then be placing herself in a situation where her interaction is observed, and so may become intentionally moderated, and a barrier placed to a new romantic relational dynamic, which may contribute to her isolation.

The interaction between all three themes might occur in both a passive and active process for individual survivors of CSA. This is interpreted and articulated well in Amber's (p. 13) statement of 'just to be able to share those moments', which not only demonstrates the chronic isolation that occurs between the self and others because of CSA but follows from her moderating her behaviour and feeling a need for safety. Perhaps it also includes a message of hope for the future and a desire to recognise new possibilities.

5.6 Methodological Discussion and Limitations

5.6.1 Introduction

All research, including this project, has strengths and limitations. In this section, I explore some clear, transparent and explicit examples of these limitations and highlight the effect of the limitations on the research findings. I also provide suggestions for further research into adulthood relationships after experiences of CSA.

5.6.2 Limitations of the Qualitative Approach

The only way to create a study with more generalisable findings would have been to use a quantitative approach. This may well have produced a more impactful or influential study, particularly if considered in the context of the Oxford Centre for Evidence-Based Medicine's (OCEBM) hierarchy of research (Howick et al., 2011). However, the purpose of this study was to help address the dearth of research into the experience of survivors of CSA to enable a deeper understanding of their relational experience, which could not have been addressed with a quantitative approach. Studies at the higher end of the OCEBM scale would also require far more resources and manpower than was available for this study and may be multisite or multinational (Howick et al., 2011).

5.6.3 Limitations Due to the Scope of the Research Question

Another limitation of this study relates to the limited scope imposed by the research question and process itself. While the research has maintained integrity in presenting findings relating to the research phenomena, any further observations and interpretations around the experiences of survivors of CSA experiences could not be presented. While other important observations may have emerged from the data, only findings in line with the original research objectives could be reported to maintain the integrity of the study aims. Other observations from participant experiences will be presented to aid suggestions for future research but without any interpretation or conclusions.

5.6.4 Study Design

The limitations of this research relate directly to the study design. The design focused on developing a deep understanding of the relational experience of the individuals who participated in it. Throughout the research process, this was considered and reflected on deeply from the point of considering the research topic to writing up the final report. Consideration of the limitations occurred as an active and ongoing process. While it was acknowledged as fundamental to strive to minimise the scope of the limitations, for the integrity and quality of the study, this had to be considered within the aims of the study. Acknowledgement of limitations is an ongoing mechanism for the researcher

extending to peer review and professional publishing of the paper. It also involved a relational component, with peer and research supervisor feedback pivotal to the process of objectivity in the balance between the aim of gaining a deeper understanding and the resultant limitations. Presentation of the limitations of this study has required an honest, open and transparent professional stance.

In critiquing van Manen's (2014) methodology as part of this research, it is first important to reflect on and clarify why I chose it. I feel I attempted to approach this research from a position of naïve curiosity. This was driven by my specialist placement as a doctoral student and how both affected I was by providing therapeutic assistance to clients there, while also being so impressed by their will to move beyond their experience. I noticed that relational issues in day-to-day life seemed to be a common problem for the clients, which drove my curiosity. This heavily influenced my decision to use a hermeneutic phenomenological approach. I wanted to help understand this phenomenon better and to better understand the reasoning, which meant a phenomenological approach was the best option. Neubauer et al. (2019) summarised the key differences between a descriptive phenomenological approach using IPA and a hermeneutic phenomenological approach using van Manen's method. Essentially, I felt unable to move beyond the difference in the necessary epistemological assumptions. For the descriptive approach, a process of bracketing from prior knowledge and being bias-free is required, while for the interpretive approach in hermeneutic phenomenology, it is recognised that the researcher will be immersed in the data and not be bias-free. My experience of working with clients who have experienced CSA had left me in a position where I did not feel I could be bias-free. To claim I could have been, which would have been necessary for a descriptive phenomenological approach, would have been untrue.

Zahavi (2020) has criticised van Manen's method for being confusing, complex and difficult for the researcher to achieve. In essence, he is stating that while the method has benefits in terms of immersion in the phenomena to be explored, the lack of a rigorous structure that is easy to follow makes it hard to follow this method. This is reflected by Heinonen's (2015) observation that there is a lack of consistency in how van Manen's method is conducted, described and presented across the

literature. I am not alone in finding it difficult, both to conduct and to explain and present. This is why I sought to engage in the freedom available to the hermeneutic phenomenological researcher and read deeply and widely around this area (Hovey et al., 2022). For instance, I used input from Langdridge (2007) to help both in the distillation of meaning in the emergence of the themes and with my reflexive process. Given the nature of hermeneutic research, there is nothing wrong with this (Hovey et al., 2022) but it creates a more complex process that is harder to explain and an additional burden for the reader and assessor in understanding what is presented. In some ways, this makes my decision to use van Manen's (2014) approach questionable. However, despite its clear structure, Zahavi (2020) also criticised IPA for being overly shallow in its approach, which I feel would have been a disservice to the participants and would require bracketing in my epistemological assumptions, which I do not believe I could have achieved.

5.6.5 Bias Versus Knowledge

Although I feel I approached this research from a position of naïve curiosity driven by being in a position of not having experienced the phenomena yet being influenced by experiences in my placement, I felt that in some ways this would leave me placed as a blank slate able to gain an influence-free perspective. However, this is not how bias works in hermeneutic research (Metselaar et al., 2016). I must recognise the historicity of my position at the start of this research and throughout but can reflect on engaging in an active dialogue with the data to enable a continuous revision of my perspectives.

My first point of bias is to recognise the place of admiration and appreciation I had for the participants and the study population in general. I think this was a strong driver for my willingness to immerse myself in the data and why using van Manen's method (2019) was thus the correct approach. I also need to recognise that I started this research while I was relatively early in my training. This means that I have developed a greater understanding of counselling Psychology during the research. It means that as I was studying while doing the research, some of my influences were older than I would

have wished, although this is in line with van Manen's assertion (2014) of going back to the source. It also means that while engaging in the dynamic interplay between myself as a researcher and the data that van Manen advocates (2014), I was myself in a dynamic interplay with my course as I progressed through it. I think this is reflected in the way I have sought to present this study starting with my motivation, then moving on to the background, and then providing a systematic literature review.

I cannot explain my bias in simple terms without recognising this learning as a whole, as from a hermeneutic perspective my bias and knowledge are intertwined and constantly evolving as I open myself up to dialogue and learning (Metselaar et al., 2019). To understand my position, which as I have become an integral part of the research is important, I have to show my learning in the historicity of how it occurred. The one area where I feel I managed to maintain a high degree of naïve curiosity was how I conducted each interview. I think the driver of wanting to engage with each participant and experience their lifeworld was such that it took a predominance over my evolving understanding. One question I ask myself is if my current biases and knowledge would have produced a different outcome were I to have conducted the research now from a place of less naivety. The answer is almost certainly yes, but how and in what way is impossible to ascertain as the process of immersion in the phenomenon is so in-depth and all-encompassing.

5.6.6 Participant Demographics

Inherent to the design of the study is the limited generalisability of the findings. All but two participants were White British women between 27 and 55. The participants volunteered as part of a purposeful voluntary sampling process, which means that only a narrow spectrum of survivors was included who had to fit ethically sound inclusion criteria. They are not therefore representative of the CSA survivor population. As the study design does not allow generalisability of the findings, it cannot be suggested that the findings would be consistent amongst survivors in this group or outside it. A similar study that was more appealing to individuals from ethnic minority backgrounds might show cultural differences for other individuals and lead to a better understanding of those experiences from

different cultural perspectives. This could have perhaps been achieved by seeking individuals who were engaged with support from services aligned to beliefs or demographics. Again, this would only allow for a deeper understanding of these individuals' experiences and would not necessarily be generalisable. A broadening of the age criteria might have allowed for some understanding of generational aspects of the experiences of individuals of different ages.

When considering the participants' inclusion criteria, some criteria were narrow while others were quite wide. The reasoning behind this is discussed in the methodology section. However, it is important to note some of the consequences. The first is that only women were included. This was not done because of a feeling that the experience of men who have experienced CSA is any less important, but rather from that of my professional experience, the existing literature base and my resulting confidence in being able to immerse myself in the phenomenon. Ultimately, as a researcher involved in hermeneutic research, I had to consider how confident I would be in the role.

To strengthen the safety of the study and minimise the risk of retraumatisation of the participants, only individuals who had experienced a single episode of non-familial CSA and who were engaged with therapeutic support were included. The reasons for this were discussed in the methodology section. This makes the results more relevant for this population but reduces the insight for people outside this population. The approach was designed to evaluate the depth of the experience to address gaps in the literature and build on the increasing number of papers exploring phenomena from a similar approach. Ultimately, I feel there is both room and a need for research exploring the experience of a range of different populations and while this limits the relevance in some ways, I still feel it adds to the literature as a whole. It is particularly relevant for the therapist who might encounter clients who have experienced an episode of CSA but have presented with other issues. Interestingly, none of the qualitative studies I found used the same or similar population meaning that this study did, perhaps inadvertently by prioritising safety, identify a gap in the literature.

The potential age range of 25 to 60 enabled the participation of women across a range of ages and produced an actual age range of 27 to 52. This raised the opportunity for women to describe their

experience of their social world at different ages. However, it also involved participants being at different life stages and having experienced different exposures at different points of their lives, and the abuse experience and response may well have taken place in different time frames and social backgrounds. Their life experiences following the abuse could also have varied significantly. While I feel the data produced showed a great deal of commonality enabling the immersion and production of themes, a tighter age range may have made this easier and more consistent and in doing so strengthened the relevance of the age range studied. Recall bias could also be an issue as the participants get older, both from the actual event and from social experiences earlier in their lives. However, I feel that the effect of this is mitigated by two factors. Firstly, the actual abuse event is not the subject of the study so exact recall of this event is not essential. Second, because the core aspect of the questioning is around the participants' current social world, recall would be less of an issue.

5.6.7 Self-identification

I chose to enable the participants to self-identify all aspects of the inclusion criteria, including the experience of a single episode of CSA. I believe this respected their autonomy and that my decision-making was ethically sound, which I believe outweighs any other concern. One of my main concerns in conducting this research was the risk of retraumatisation. The research was centred on the participants' social world and not their experience of CSA itself. I can see that a risk of participants who did not meet the inclusion criteria being included in the study may have resulted in this. To reduce the risk of this happening, I ensured that the inclusion criteria were clearly published and verbally confirmed with each participant without asking them to detail their answer to each question. While it would have been possible for someone to deliberately misinform me and participate in the study, this could happen in most study situations. My engagement with the participants and their willingness to provide accounts that represented their truth makes me believe that this is very unlikely to have occurred. I think my concerns around retraumatisation therefore outweigh a need to have more assertively questioned the participants on whether they met the inclusion criteria.

5.6.8 Presentation of the findings

Another potential issue with van Manen's (2014) approach is how I have subsequently produced and presented the findings. The participants produced powerful and deep accounts of their experiences. When searching for the meaning, I was able to identify impactful statements which I analysed with a process of immersion, reductions and heuristic moves while writing, rewriting and rewriting my immersed interpretation. The outcome of this is in presenting the findings and the volume of exposition and interpretation is considerable in comparison to the quotes themselves. Obviously, the amount I have presented is much less than the immersed interpretations I originally wrote, but even when condensed it still produces a considerable burden for the reader and seems to outweigh the original quote. One of my aims had been to present the participant's voice and it could be argued that the extent of my presented interpretations has hindered this. A counterpoint to this criticism is that in van Manen's (2014) hermeneutic phenomenological approach I have become part of the world, with all my biases, and so the interpretation of the results presented is intertwined with the understanding. To highlight the quotes in the prose I have presented all quotes separately in their paragraphs.

5.6.9 Reduction to Themes

Another potential criticism I can see lies in the generation of emergent themes. For some of the emergent themes, only two or three participants experienced them. For example, the emergent theme 'how I experience myself when with others', which contributed to the essential theme 'intentional social moderation' was only experienced by Maura and Nina. As the researcher immersed in the research, I experienced a dichotomy of perception over this. I can see that it seems that two participants are insufficient to generate a theme and perhaps if I was a more experienced researcher with less of a naïve curiosity, I might have sought to locate these experiences in another emergent theme. But from my immersion, I felt that the power in their experience was such that it warranted an

emergent theme, which I felt a need to present, while also, perhaps naively given the freedom with hermeneutic phenomenological research I could present.

5.6.10 Critique of Discussion

In writing the discussion I perceived a delicate balance in how I should orientate it. To make it more accessible for the reader, I could have divided it up into more straightforwardly titled categorical sections. However, I do not believe this would have presented the discussion in the organic way the phenomenon emerged and in doing so could have misrepresented it.

I could also have considered a more objective review of the potential role of therapy, with consideration of different modalities. However, I believe that doing this would have detracted from the discussion of the hermeneutic immersion as it was experienced. To do this justice would also have required a large section which to accommodate the scope of this thesis would have necessitated a large reduction in other portions of the thesis. While I understand that my immersion in this study does affect my objectivity, this would have felt like an evisceration of my study as I would have been forced to remove material from the thesis that reflected the phenomenon.

5.6.11 Reliability and Validity

Reliability and validity in qualitative research are demonstrated by the reproducibility of the process rather than the results (Yardley, 2000). Given the unique temporal hermeneutic immersion using van Manen's method, this is particularly pertinent to my study. Yardley (2008) also recognises the uniqueness of each individual's perspective on reality influenced by activities, culture and context. Informed by this, Yardley (2000) proposes four areas to assess the validity of qualitative research studies. These are sensitivity to context, commitment and rigour, transparency and coherence, and impact and importance.

The sensitivity to context and the sensitive nature of CSA are demonstrated throughout the design and conduct of the study. This was shown by an ethical approach to all aspects of the study

design, care in all interactions with the study participants, and a key focus on the subjective experience of the participants as they expressed it. The interview schedule was designed to allow the participants this expression and I ensured all interactions were conducted with empathy. The immersion in the analysis was conducted with an ongoing sensitivity.

This study was conducted with the utmost commitment and rigour. I fully immersed myself in this research process and did my utmost to engage with a research method that has been described as complex and difficult to conduct for the researcher (Zahavi, 2020) which has been inconsistently applied as a consequence of this (Heinonen, 2015) as I felt I needed to use this method to best understand the participants' experiences and I would not be able to ensure I was able to bracket my knowledge and bias.

I ensured total transparency with the participants and that they were fully informed about all aspects of the study. Given the nature of CSA, this was especially important. This transparency was also reflected in all aspects of my interactions with my supervisors and my training institution. I have also been transparent throughout this study in recognising its limitations and my involvement in it. I recognise that as I am an inherent part of the hermeneutic created my limitations as a student using van Manen's method for the first time. I have tried to present the study in an almost biographical way to demonstrate transparency and show my influence while recognising that this may not make my study easy for the reader to access.

I feel the effect and importance of this study lies in the voices of the participants. I hope my interpretations have built on this to add understanding, but the words of the participants speak for themselves and I have attempted to show this by highlighting those words. I feel this can provide useful insight for therapists who may be treating individuals who have experienced CSA and help guide exploration around issues they may have in their social worlds, without wishing to proscribe particular approaches.

5.6.12 Power of the Researcher in the Research Process

I conducted this research over several years as part of my doctoral studies. In the early stages, I was nervous and new to the process. One of my first supervisors left early in the process, but I was lucky and pleased to find a willing replacement who was engaged and knowledgeable. Both supervisors have a great deal of experience in both research supervision and providing therapeutic support to survivors of CSA. They have been engaged and very helpful throughout the process. They have facilitated my perspective and voice while also providing valuable – often line-by-line – feedback. They have helped steer me towards the goal of successfully completing the research. I have also felt supported in the ethics process and from feedback from earlier stages of the research assessment process. From an ethical perspective, everyone I have encountered in a position of authority has acted from a perspective of beneficence.

However, at times this has felt challenging. At an earlier stage of the research process, I intended to include individuals who had experienced multiple episodes of abuse. However, this was rejected at the ethics review stage and I was asked to change it to a single episode. At the time, I felt this was a challenge to my agency and I was aware of a lack of definitive research showing a difference in outcomes. However, I also feel that as a relatively naïve student at that stage and with the research involving such a potentially at-risk population, I needed to listen to their expert advice. Ultimately, I had to recognise their expertise in recognising risk and advising adjustments accordingly. I also feel that this direction has helped steer me to evaluate a population that has not been looked at.

Compared to my previous professionalism as a registered nurse I have found aspects of the organisation of the course and guidance challenging. While I do recognise this as part of the challenge of the course, the fact that my ability to qualify is inherently linked to completing this research to an acceptable standard creates a power imbalance. It inherently incentivises an approach of agreeing to any stipulations a person in power makes, as disagreement does not just affect the research, but also

the course and the ability to work as a counselling psychologist. Compared to nursing or medicine which focus on demonstrating an ability to acquire knowledge and do the job, the course requires aspects of this but also requires successfully completing research to do a job where you might never do research again (although this is not my intent). This feels like a compromised approach in comparison. However, I do feel conducting this research has been a very valuable experience and vastly improved my knowledge of research generally and around survivors' experience of CSA.

Compounding some frustration around this was that the first external examiner I identified, after initially agreeing to participate, stopped replying to emails and became unavailable. I was very grateful that a second external examiner agreed to help, but I lost over six months during this process. I also experienced frustration around conflicting advice at various stages. For instance, the research handbook suggests that the systematic literature review done at an earlier stage of the course is sufficient for the final research project, which I confirmed with the deputy course lead. Essentially, the research guide reads as if progressing toward completing the research is a sequential process of completing and then building on each stage. Unfortunately, after completing the final viva portion of the research I discovered this was not the case and was asked to reconduct the systematic literature review. Ultimately, this produced a better review with more recent and relevant studies, but it would have been better to know and prepare this in advance. Again, this is not something I would question, with so much at stake both for the research and in terms of completing the course, but I do feel the resulting research project has been improved as a result.

As a hermeneutic phenomenological researcher, I am immersed in and therefore part of the research, which means that criticism and mandated changes feel very personal; it feels as if I am being criticised and not just the research. In recognising these difficulties, I consider that at times I should have chosen a less at-risk population and an approach that is faster and more straightforward to conduct and explain. However, I come back to both feeling a need to undertake research that I felt was important and a need to recognise that I would not have been able to honestly bracket my perception with this study population.

5.6.13 Suggestions for Future Research

The suggestions for future research are informed by both the findings from this study and a recognition of the inherent limitations in the design. They can be divided into three broad areas;

1. **Research into the scope and generalisability of the findings.** The findings of the study show issues in the relational world of the survivors of CSA who participated in the study and have provided deep insight into those issues. This could point the way to further research to examine the scope of these issues. This could be in the form of quantitative research which could look to see if the findings of relational difficulties across a wider population of survivors are present. This could be in the form of a survey-based design. It could be multisite, or even multinational, and be powered and designed to include participants from a range of ethnic backgrounds.

2. **Research into adjacent issues that came up in the research, but the research was not designed to examine.** For instance, one survivor reported issues with their interface with services. Further research with a similar design could examine the experience of survivors of CSA who have interacted with health and support services. This could help inform those services on approaches to supporting survivors. Other survivors identified issues with their families' attitudes to their abuse and their perceptions of those attitudes. Again, a similar study design could be used to identify and gain a deeper understanding of survivors' relationships in the context of their awareness of the abuse and subsequent attitudes, perceived or otherwise.

3. **Research evaluating the efficacy and experience of different treatment modalities.** My study was not designed to explore the effectiveness of therapy or the experience of therapy for the participants. The participants in this study were in therapeutic relationships of their choosing that had been established before the research began. The nature of that relationship and the modality treatment in that relationship were not evaluated. Williams (2017) highlights the importance of the therapeutic relationship for CSA survivors with her theme of forming the therapeutic alliance

but comments on the lack of empirical evidence behind the therapeutic modalities used at the specialist clinic from which she recruited for her study. Further research could focus on the comparative efficacy of different therapeutic modalities for survivors of CSA. This could take two forms. Firstly, appropriately powered randomised controlled trials of different treatment modalities with defined recognised endpoints could help to provide summative data. Second, further exploratory approaches to the relational dynamic of survivors of CSA engaged with therapists using different therapeutic modalities could provide a complimentary understanding of this. Both these types of studies would be difficult to conduct due to the need to coordinate across institutions, define populations and require significant resources, but could provide valuable data.

5.6.14 Ethical Considerations of Further Research

Any further research would need to be conducted, as this research was, in full awareness of and with due ethical consideration for the delicate nature of the subject matter and the trauma that participants will have endured during their childhoods.

Part of the research process was to produce inclusion criteria that would allow the phenomena to be explored effectively, but that would also protect potential participants from harm. For this reason, good ethical practice was engaged with, both from the outset and with the ethics committee of NSPC. The absolute intent of this was protection from harm, including any risk of retraumatisation. An unintended consequence of this was that by producing quite narrow criteria individuals who expressed an interest in participation had to be excluded. I endeavoured to handle this with as much care and compassion as possible, but it was clear, on occasion, that this was disappointing for the potential participants. I reflected on how this could have been experienced as a feeling of rejection, which may have been overlaid over existing feelings of unworthiness. Subsequently, several participants openly reported how beneficial participation had been for them. My reflection on this is that perhaps rather than being seen solely as a risk, research that is focused on life experiences after a

traumatic event rather than the event itself could be seen as potentially beneficial as part of the ethical considerations and therefore open the study to a wider range of individuals.

5.7 Dissemination strategy

Following the completion of this research, I plan to disseminate my findings in line with guidance from the National Institute for Health Research (NIHR, 2019). My objective in doing this is to help researchers, therapists and survivors of CSA understand the implications of the study. Broadly, this will be broken down into three concurrent activities. This will necessitate the generation of specific material relevant to each.

To publish my research in the academic world, I have applied to have my research featured in the Journal of Child Sexual Abuse in a special issue on the consequences of CSA (Journal of Child Sexual Abuse, 2023). If my application is successful, I would then reduce the research and construct an appropriate length article according to the format stipulated. If this is unsuccessful, I will look to publish or present elsewhere. I may well seek to present a poster at a Psychology conference.

To publish my work in the therapy world, I will contact therapy organisations, both local and national, and offer to present my findings. I would be willing to do this via presentations in person or online. I will also produce a condensed summary of the research that would help the busy therapist engage with the findings. I would make myself available for subsequent communication to enable any further discussion.

My first step in dissemination to survivors will be to feed the study findings back to the participants. This will be after first checking that they wish to receive such feedback. I will use the same web resources and survivor support groups that assisted in participant recruitment to aid dissemination. For this group, I will produce further condensed resources, with great care taken with the language and presentation.

I believe for the therapy and survivor channels visual representations are important, not just in producing visually engaging posters or presentations, but in terms of representing the findings. For

this reason, I wish to engage with an artist to help produce communicative artwork that helps represent the essential themes. I would also like to display an art installation representative of the survivors' experiences, supported by the survivors. This is in the hope that this visual non-textual communication will help show the experience beyond what words can convey. I also want to produce a book (or pdf) of quotes with the permission of each participant to help illustrate the phenomenon and draw their voices to the fore; in essence to create a collective of CSA experiences.

While I am waiting for feedback on my submission of the timeline, the rest of the dissemination will occur after the completion and final acceptance of the research. The reason for this is that I feel it will require my full focus. Given the sensitive nature of the topic and the risk of retraumatisation of the participants, I do not wish to conduct any part of it sub-optimally.

5.8 Potential clinical implications

The purpose of this section is to explore some of the potential clinical considerations relevant to existential approaches to therapeutic support for survivors of CSA and their experience within their social world. This is centred on an example for each essential theme and the aligned existential tenet. This is not intended to be exhaustive, comparative or proscriptive. This is particularly so given the lack of comparative data on the efficacy of different treatment modalities and aligns with Boaz's (2022) perspective of the need for practitioners to recognise the plurality in therapeutic modalities across psychiatric, psychological and psychotherapeutic professions. I also concur with Boaz's (2022) recognition of a need within explorative treatment to allow for intersubjective modal movement, which is beyond the scope of the present study to examine. This section has been constructed in recognition of Wilmhurst's (2020) acknowledgement of the challenge of implementing existential approaches to trauma therapy in practice, both in how to focus their application within their philosophical history and how to empirically demonstrate their efficacy, compared to more commonly applied trauma theories. It also aligns with Wilmhurst's (2020) view of the need to acknowledge the intangible effects of trauma on meaning, mortality and identity; a move beyond a pathologising approach or singular description of a subjective experience (Boaz 2022)

I approached this section with caution. I aim to not misrepresent the experience of the participants and recognise that the data produced by this study originated from its design as an existential exploration from a research perspective, rather than originating from an existential therapeutic encounter. This inherently means that while this study helps further understanding of relational experiencing for the participants, the way the phenomena emerged may differ from how it would emerge or be expressed within therapy. Essentially the present study advocates for a deeper understanding of relational experiencing for survivors of a single episode of non-familial CSA but was not designed to evaluate treatment efficacy or the direct experience of therapy for the participants. Therefore, drawing clinical conclusions from it should be limited and seen from a direction setting perspective. It should provide enhanced insights for therapists with the hope of increasing awareness around the phenomenon.

Each thematically related example of a potential approach to existential therapy is envisaged in line with Boaz's (2022) phasic existential model:

- a) Establishing and expanding horizontal communication
- b) Enquiring into traumatic confrontations with reality
- c) Examining past and present modes of existing
- d) Expanding and experimenting with new modal movements and modes of existing

This approach was chosen as it aligns with the research approach in several areas. Consistent with this research Boaz (2022) recognises the importance of the underlying theories and philosophies and recognises the work of Heidegger, for instance. The aim for horizontal communication and equalisation of power within the therapeutic encounter, which moves from the traditional vertical therapeutic model, has similarities with the intent of co-constructing an immersive hermeneutic within this research (Boaz, 2022). This is pertinent within the client and therapist therapeutic encounter with some potential for the modelling of healthy and trusting social relationships beyond the therapy room and potentially through life span; the therapist can be seen as representative of the client's other

within the therapeutic relationship (Spinelli, 2006). Enquiry into traumatic confrontations with reality and examining past and present modes of existing has a similar intent to the explorative questioning of the participants social world with allowance for individual expression used within the methodology of study.

The focus of the rest of this chapter is limited suggestions on how expanding and experimenting with new modal movements or modes of existing may be (re)(dis)covered within the therapeutic alliance to allow new emergent horizons of human experiencing (Boaz, 2022). This might extend to the potential of limiting stigmatisation around disclosure experiences in a broader social context and increase an individual's expression and connection with self and others within their social world. Boaz's (2022) commitment to avoid suggesting that any new mode of existing that emerges from traumatic experiencing is broken or damaged and that horizons that can emerge are not linear or static but can allow a fuller experience of existence is consistent with the positioning of the present study.

5.8.1 Clinical example regarding theme 1: The primacy of seeking relational safety

This essential theme aligns with the concept of existential dread (Burnham & Papandreopoulos, 2025). The example is provided by Kim (p.2) and was highlighted within the emergent theme 'ways to ensure my personal safety':

As long as my daughter is there: she is like a shield.

I can use her as a shielding, as a distraction and like, oh look what, you know, my girl's name's XXXXX, what XXXXX's doing or what she's up to and things like that. Um, and that's a good distraction, but when I'm out myself, feels like the pressure is on me, you know?

Within existential therapy illumination of the phenomenological meaning could be approached from within the co-constructed therapeutic relationship (Boaz, 2022). The horizontal

communication, equalisation of power and trust built within this relationship has the potential to reveal a new horizon. Kim would not be able to have her daughter accompany her within therapy, which would facilitate the need for her to confront a relational therapeutic dynamic without her daughters shielding. This could facilitate the evolution of a new horizon of relational experiencing for her which may challenge her illusion of this as a necessity in other relationships.

This could be built on by further enquiry into this traumatic confrontation with reality, with the therapeutic relationship developing understanding towards her experiencing through deep exploration of the dynamic she experienced with and without her daughter's presence. This would allow exploration of the phenomenon she experiences without suggestion that it is problematic (Boaz, 2022). This aligns with Cooper's (2003b) observation that all feelings are intelligible and meaningful.

Through curious enquiry it could explore her perspective on social interactions over time, with and without her daughter and allow her to confront her illusion of the necessity of her daughter's presence. It might also explore the phenomenological significance of Kim's ability to discern who is a shield, why her child is a shield and how this aligns with her unique experience of socialisation after CSA.

Expanding beyond this would seek to facilitate creation of new relational possibilities by confronting the dread she experiences at the prospect of social interactions without her daughters shielding and move to facilitate new horizons of experiencing without her. Perhaps this could begin with the simple step of looking to encourage a broader range of communication around different issues in social contexts while her daughter is present, before looking to experience more social interactions without her while perceiving a stronger sense of safety and autonomy.

5.8.2 Clinical example regarding theme 2: Social isolation and solitude

This essential theme aligned with the existential concept of freedom and autonomy (Burnham & Papandreopoulos, 2025). The example is from Tamryn's transcript (p. 6) and the emergent theme 'self as other':

Yeah, so yeah, I went, I, I went to university, took a took year out. Um, I had friends but never really felt part of a gang. **So, this is a theme throughout my life: I never really felt as though I belong.**

This example demonstrates that Tamryn has disillusionment within her mode of existence centred around feeling that she does not ‘belong’. She expresses this as a definite which, from an existential perspective, results in a reduction in her freedom and limits her autonomy through the effect on her choice making.

The co-constructed equality of power developed within the trust formed in the therapeutic relationship established in existential therapy could challenge this notion of not ‘belonging’, by forming a foundational relationship in which she could feel secure and foster a stronger sense of interpersonal connectivity (Boaz, 2022). The modelling within this relationship could encourage a (re)discovery of a sense of belonging in other relationships and facilitate greater freedom and autonomy.

Further enquiry into her experiences around this could seek to confront her (dis)illusions around belonging; it could seek to explore her perception of what a ‘gang’ is and what being a part of one could mean to her. This could be situated in exploring past social situations she experienced traumatically and look to enable her to explore her role and decision making within those situations. This could provide insights into her (dis)illusions around her mode of existence. It might facilitate an increased sense of attunement to others in her social world and illuminate both her potential and responsibility for this within her social relationships.

Experimenting with new modes of existence beyond this could be encouraged from within the existential therapeutic relationship by further establishing what she would want from belonging to a group and how this would feel for her. This could perhaps be encouraged by identifying her interests and facilitating ways to find others with aligned interests. This might enhance her sense of belonging and understanding. It might enable a new horizon of experiencing by addressing the challenge of

being willing to show her freedom, autonomy and conscious choice making capacity in becoming part of a 'gang'.

5.8.3 Clinical example regarding theme 3: Intentional social moderation

This essential theme aligned with the existential concept of authenticity (Burnham & Papandreopoulos, 2025). The example is from Kaylee's transcript (p. 13) and the emergent theme 'how I feel others see me':

We, it was really nice. We went out for really nice dinner and we got in the car and we were driving back and I said, can I tell you something? I didn't wanna come today. **He said wow that really worries me as you're such a great actress**, it's like, I would never have known that it, you even contemplating not coming. I said, no, I wasn't acting. I really enjoyed it. But I, I didn't really want to go.

The existential therapeutic relationship could gently confront the notion expressed by the suggestion she was a 'great actress' and explore the meaning of this perception of her by a loved one. Furthermore, it might more deeply explore how Kaylee sites this perception in relation to her own self-concept. The boundaried existential therapeutic relationship shares power and requires engagement from both parties to gain trust and enable exploration (Boaz, 2022). This relationship requires responsibilities and commitment to the relationship and therapy, with gentle confrontation of (dis)illusions that may be uncomfortable. This does not mean that the relationship is inherently inauthentic but may mean that the engagement in discomfort to create opportunities for new horizons has benefits. This may represent engagement in an activity for someone else's benefit and a willingness to do that could be seen as an authentic desire to place her husband's needs before her own.

This willingness to suppress her discomfort to benefit others could be explored in other situations, along with a confrontation around the (dis)illusion as to whether this is problematic or beneficial rather than a more nuanced grey area that may need continual reflection and consideration.

The therapist might use the therapeutic space to engage in some psycho education around intentionality, which might illuminate Kaylee's intentions within this lived experience (Loar, 2003). Most importantly, it could more deeply explore if this appraisal from her husband might have been integrated as empowering or disempowering considering her wish, as a survivor, to be seen and heard. Exploration around this could reveal the paradoxical nature of the (dis)illusion of acceptance in being seen and heard and feelings of vulnerability around this within familiar relationships.

Greater understanding of this could seek exploration of similar behaviours within other modes of existence within her past and present and seek to confront how her intentions were received in those contexts. This may reveal a more positive acceptance in those situations or a need for a further acceptance of the need for recognition of truth as individual and perceptual in the context of authenticity. Moreover, the therapist might encourage Kaylee to engage in self-examination and self-determination (Jacobsen, 2007). This could illuminate the Kaylee's value system within the co-created therapeutic relationship and attempt to attune/orientate Kaylee to this in relation to her relationships with others (Jacobsen, 2007). This is consistent with Spinelli's (2006, p52.) statement 'clients are encouraged to examine the various embodied attitudes, values, beliefs, choices or assumptions regarding what it means and how it is for them to exist in and engage with themselves, others and the world in general'. The existential therapist might support ways for Kaylee to consider the development of self-awareness and communication of meaning and intention in relation to her affect. This could align with Heidegger's (1962, p. 369) view of living into the future as a project, and by being able to 'open our eyes to the constancy of self', facilitate her being in the world in a more authentic manner.

When considering how to engage in new modes of existing within this concept, perhaps the therapeutic relationship could first consider if this is necessary? It could ask the question whether it is necessary to adapt her behaviour or if it is necessary to consider her response to someone being upset by her behaviour? Exploration around this could help dispel (dis)illusionment around any perceived inauthenticity in this or similar scenarios. The existential therapeutic encounter encourages honest

self-expression to encourage less internal conflict and the acceptance of a varied emotional range responsive to the external environment through authentic experiencing (Jacobsen, 2007).

5.8.4 Other existential therapeutic possibilities

Boaz (2022) recognises that his approach is influenced and intertwined with other approaches and that existential therapeutic approaches are well described and evidenced and could have been considered within this section. These include:

- Spinelli's (2005:148-149) four inter-relational I-focused, you-focused, we-focused and they-focused realms and how they are experienced in interactions with ourselves, others and the wider world.
- van Deurzen's (2010: 129-168) four worlds, which describes four interrelated dimensions of existence: physical, social, personal and spiritual.

To have also included these dimensional models would have exceeded the scope of the present study. However, it is important to recognise their potential applicability given their recognition of the importance of the social world and its interrelatedness with other aspects of an individual's existence.

Consistent across these modalities are limitations that align with the limitations of this study. Much as the present study presents a unique existential hermeneutic produced during a specific time that influences the perspective of the researcher and participants, existential therapy co-creates a unique therapeutic relationship at a specific time for the client and therapist (Boaz, 2022). This is consistent with Heidegger's (1962) position that temporality enables 'the horizon for understanding being and for any way of interpreting it'. This can limit the reproducibility of the therapeutic relationship, not just between individuals, but between the same individuals over time, which demonstrates the non-linear nature of the relationship (Boaz, 2022). This temporality and interpersonal uniqueness is consistent with a recognition of the need for the therapist to have an

awareness of the potential applicability of differing therapeutic modalities over time and the expertise and humility to acknowledge this (Boaz, 2022).

The existential approach has no single authoritative source but draws from multiple sources to create a rich tapestry based on shared foundational tenets and principles (Spinelli, 2006; Boaz, 2022). Similarly, the present study should not be viewed as a single authoritative source of insights into relationships post CSA but contributes understanding to the diverse tapestry of relational challenges within the phenomena to better inform practitioners. At a service provision level there may be issues in determining therapeutic efficacy. As existential therapy requires a high level of expertise, but does not seek to categorise or pathologise, while being temporally and individually influenced, demonstrating its empirical efficacy may be challenging in practice as producing categorical data to support this is difficult (Wilmhurst, 2020). Most importantly, its value is in its ability to stay close to an individual's unique lived experience with the attuned therapist in response of the individual's experience (Boaz, 2022). This is essential for the adult CSA survivor.

Chapter 6. Conclusion

This research revealed and showed the uniquely phenomenological experiences of relationships for eight female adult survivors of CSA in adulthood. It was not designed to apportion causality. It was designed to increase understanding in the literature of the lived relationship experiences of survivors of CSA.

This provided context and understanding around the research question:

How do adult female survivors of a single episode of non-familial CSA experience relatedness with others in their social world?

A central tenet of the existential approach reflected thoroughly in this research is the uniqueness of human experiences and existence and a key conclusion is the variability of each experience of phenomena shown by the participants and their being in the world. The three essential themes that emerged which facilitate a better understanding of how adult female survivors of recurrent episodes of non-familial CSA experience relatedness with others in their social world are:

- the primacy of seeking relational safety;
- social isolation and solitude; and
- intentional social moderation.

This study has shown that for these survivors of CSA, the meaning attached to their adult relationships is of vital importance and that while they have a profound need for safety which is often found in isolation, they attach great meaning to the opinions of others and as such often moderate their behaviour. While the results are not generalisable, they provide context and shade to the experiences a therapist might explore in therapy and show the meaning behind some issues that might be explored. The importance of this dynamic was shown by Williams (2017) in her explorative study. This helps build on existing research around the understanding of these relational consequences. With

this understanding can perhaps come an acknowledgement of the value and hope in moving beyond safety-seeking, isolation and moderation to new and valuable social interactions.

This research process has been an undertaking of deep personal meaning. Working with the participants has made me very grateful for their engagement in the process. The rich, personal experiences they described enabled a deep exploration that thoroughly answered the research question. I have found this of immense benefit personally and to my practice as a therapist as it has shaded between the lines created by my knowledge of existing research and theory to show meaning in the participants' experiences and lives. This will be of huge benefit in future therapeutic relationships as I hope to honour the often-expressed desire of the participants to allow their experiences to help others. In doing so, I hope to provide meaning to both their valuable contribution and my commitment to the research.

To conduct this research, it was necessary to have very narrow inclusion criteria to minimise the risk of retraumatisation. I was pleased that several of the participants reported how positive they felt about participating in the research and how important it was for them in providing meaning to their experiences. Their focus seemed to be on hoping it would help others. As such, I hope to continue learning how best to support individuals who have experienced trauma both in future therapeutic relationships and with further existential research into the experiences of individuals from a broader range of inclusion criteria. I fully ascribe to the notion that the more one learns, the more one realises there is much to learn.

References

- Aaron, M. (2012). The pathways of problematic sexual behavior: A literature review of factors affecting adult sexual behavior in survivors of childhood sexual abuse. *Sexual Addiction & Compulsivity: The Journal of Treatment & Prevention*, 19 (3), 199–218.
- Aguilar, M. (2004). La hermenéutica y Gadamer. En M. P. Irigoyen (Comp.), *Hermenéutica, analogía y discurso*. UNAM
- Allbaugh, L. J., O'Dougherty Wright, M., & Atkins Seltsmann, L. (2014). An exploratory study of domains of parenting concern among mothers who are childhood sexual abuse survivors. *Journal of child sexual abuse*, 23(8), 885–899. <https://doi.org/10.1080/10538712.2014.960636>
- American Psychiatric Association, DSM-5 Task Force. (2013). *Diagnostic and statistical manual of mental disorders: DSM-5™* (5th ed.). American Psychiatric Publishing, Inc. <https://doi.org/10.1176/appi.books.9780890425596>
- Andrews, T. (2012). What is social constructionism? *The Grounded Theory Review*, 11 (1). 39-46.
- Antonovsky, A. (1987). *Unravelling the Mystery of Health*. Jossey-Bass.
- Archer, M. (2003). *Structure, agency and the internal conversation*. Cambridge University Press.
- Arras, J. (1976). A critique of Sartrean authenticity, *The Personalist*, 57, 171-179.
- Ashworth, P. D. (2003). The phenomenology of the lifeworld and social psychology. *Social Psychological Review*, 5, 18-34.
- Aspelmeier, J. E., Elliott, A. N., & Smith, C. H. (2007). Childhood sexual abuse, attachment, and trauma symptoms in college females: The moderating role of attachment. *Child Abuse & Neglect*, 31, 549–566.
- Baker, C. (1997). Transcription and representation in literacy research. In J. Flood, S. B. Heath & D. Lapp (Eds.), *Handbook of research on teaching literacy through the communicative and visual arts* (pp. 110–120). Prentice Hall Interactional.
- Bakewell, S. (2016). *At the existentialist café. Freedom, being and apricot cocktails*. Chatto & Windus.
- Bandura, A. (1997). Self-Efficacy: *The exercise of control*. W. H. Freeman.
- Banyard, V. L. (1997). The impact of childhood sexual abuse and family functioning on four dimensions of women's later parenting. *Child abuse & neglect*, 21, 1095–1107.
- Banyard, V. L., Williams, L. M., & Siegel, J. A. (2004). Childhood Sexual Abuse: A Gender Perspective on Context and Consequences. *Child Maltreatment*, 9 (3), 223-238.
- Baram, D. A., & Basson, R. (2007). Sexuality, sexual dysfunction, and sexual assault. *Berek and Novak's Gynecology*, 313-349.
- Barnett, L., Madison, G. (2012). *Existential therapy*. Routledge.
- Barskova, T., & Oesterreich, R. (2009). Post-traumatic growth in people living with a serious medical condition and its relations to physical and mental health: a systematic review. *Disability and rehabilitation*, 31 (21), 1709–1733. <https://doi.org/10.1080/09638280902738441>
- Barrett, W. (1958). *Irrational man*. Doubleday.

- Becker, D. V., Kenrick, D. T., Neuberg, S. L., Blackwell, K. C., & Smith, D. (2007). The confounded nature of angry men and happy women. *Journal of Personality and Social Psychology*, 92, 179-190.
- Berdyayev, N. A. (2004). *The Soul of Russia*. AST.
- Berenson, F. (1982). Hegel on Others and the Self. *Philosophy*, 57(219), 77-90.
<http://www.jstor.org/stable/4619540>
- Berger, R. (2015). Now I see it, now I don't: Researcher's position and reflexivity in qualitative research. *Qualitative Research*, 15, 219-234.
- Bernstein, D. P., & Fink, L. (1998). *Childhood Trauma Questionnaire: A retrospective self-report: Manual*. The Psychological Corporation.
- Bernstein, D. P. et al. (2003). Development and validation of a brief screening version of the Childhood Trauma Questionnaire. *Child abuse & neglect*, 27(2), 169-190.
[https://doi.org/10.1016/S0145-2134\(02\)00541-0](https://doi.org/10.1016/S0145-2134(02)00541-0)
- Bernstein, E. M., & Putnam, F. W. (1986). Development, reliability, and validity of a dissociation scale. *The Journal of Nervous and Mental Disease*, 174(12), 727-735.
- Berra, L. (2021). Existential depressive symptoms: a nonpathological and philosophical- existential approach. *Journal of Humanistic Psychology*, 61(5), 757-765.
<https://doi.org/10.1177/0022167819834747>
- Berry, J. W., Worthington, E. L., O'Connor, L. E., Parrott, L., & Wade, N. G. (2005). Forgiveness, vengeful rumination, and affective traits. *Journal of personality*, 73(1), 183-226.
<https://doi.org/10.1111/j.1467-6494.2004.00308x>
- Bhatti, A. B., & Anwar, U. (2017). The Pathophysiology of Perceived Social Isolation: Effects on Health and Mortality. *Cureus*, 9 (1), e994. 24. doi:10.7759/cureus.994
- Blakemore, T., Herbert, J. L., Arney, F., & Parkinson, S. (2017). The impacts of institutional child sexual abuse: A rapid review of the evidence. *Child Abuse & Neglect*, 74, 35-48.
- Bloor, M., & Wood, F. (2006). *Keywords in Qualitative Methods A Vocabulary of Research Concepts*. Sage.
- Boaz, M. (2022). *An Existential Approach to Interpersonal Trauma*. Routledge.
<https://doi.org/10.4324/9781003181675>
- Boss, M. (1994). *Existential Foundations of Medicine and Psychology*. Aronson.
- Bowlby, J. (1969). *Attachment and loss: Vol. I. Attachment*. Basic Books.
- Bowlby, J. (1980). *Attachment and loss: Vol. III. Loss, sadness and depression*. Basic Books.
- Boyce, P. & Parker, G. (1989). Development of a scale to measure interpersonal sensitivity. *Australian and New Zealand Journal of Psychiatry*, 23 (3), 341-351.
- Bracken, P. J. (2003). *Trauma: Culture, Meaning and Philosophy*. Whurr.
- Bramley, A. (2024). Escaping the Lolita Myth: Giving voice to the real Dolores Haze. *Existential Analysis: Journal of the Society for Existential Analysis*, 35(1).
- Brentano, F. (1995). *Descriptive psychology*. Routledge.

- Brewin, C. R., Andrews, B., & Valentine, J. D. (2000). Meta-analysis of risk factors for posttraumatic stress disorder in trauma-exposed adults. *Journal of Consulting and Clinical Psychology*, 68, 748–766. doi:10.1037//0022-006X.68.5.748
- Bridges N. A. (1999). Psychodynamic perspective on therapeutic boundaries: creative clinical possibilities. *The Journal of psychotherapy practice and research*, 8(4), 292–300.
- Briere, J. (1984). The effects of childhood sexual abuse on later psychological functioning: Defining a post-sexual abuse syndrome. *Canadian Journal of Behavioural Science*, 16, 371-390.
- Briere, J. (1992). Methodological issues in the study of child sexual assault effects. *Journal of Consulting and Clinical Psychology*, 60 (2), 196–203.
- Briere, J. N., & Elliott, D. M. (1994). Immediate and long-term impacts of child sexual abuse. *The Future of Children*, 4 (2), 54–69. <https://doi.org/10.2307/1602523>
- Briere, J., & Elliott, D. M. (2003). Prevalence and psychological sequelae of self-reported childhood physical and sexual abuse in a general population sample of men and women. *Child Abuse & Neglect*, 27 (10), 1205–1222.
- Briere, J., & Runtz, M. (2002). The inventory of altered self-capacities (IASC): A standardized measure of identity, affect regulation, and relationship disturbance. *Assessment*, 9(3), 230–239.
- British Psychological Society. (2014). *BPS Code of Human Research Ethics* (2nd ed.). <https://www.bps.org.uk/news-and-policy/bps-code-human-research-ethics-2nd-edition-2014>
- British Psychological Society. (2021). *BPS Code of Human Research Ethics*. <https://www.bps.org.uk/sites/www.bps.org.uk/files/Policy/Policy%20-%20Files/BPS%20Code%20of%20Human%20Research%20Ethics.pdf>
- Brison, S. J. (2003). *Aftermath: Violence and the Remaking of a Self*. Princeton University press.
- Brown, P.J. (2000). Outcome in female patients with both substance use and posttraumatic-stress disorders. *Alcoholism Treatment Quarterly*, 18 (3), 127–139.
- Brown, A. P. (2010). Qualitative method and compromise in applied social research. *Qualitative Research*, 10, 229–248.
- Browne, A., & Finkelhor, D. (1986). Impact of child sexual abuse: A review of the research. *Psychological Bulletin*, 99(1), 66–77. <https://doi.org/10.1037/0033-2909.99.1.66>
- Buber, M. (1965). *Between man and man* (R. G. Smith, Trans.). Macmillan.
- Buber, M. (1970). *I and Thou* (W. Kaufman Trans.). T&T Clark. (Original work published 1923)
- Burch, R. (1989). On phenomenology and its practices. *Phenomenology and Practice*, 7, 189- 190.
- Byrne, B. (2016). Qualitative Interviewing. In C. Seale (Ed.), *Researching Society and Culture* (4th ed., pp. 217-236). Sage Publications Ltd.
- Callejo Perez, D. (2006), Opening doors to reimagining qualitative research. In P. Munhall-Jones (Ed.), *Nursing Research: A Qualitative Perspective*. Bartlett Publishers.
- Calverley, R. M., Fischer, K. W., & Ayoub, C. (1994). Complex affective splitting in sexually abused adolescent girls. *Development and Psychopathology*, 6, 195–213.
- Cambridge University Press. (n.d.). Research. In Cambridge dictionary. Retrieved August 12 2022 from <https://dictionary.cambridge.org/us/dictionary/english/research>

- Campbell, R., Barnes, H.E., Ahrens, C.E., Wasco, S.M., Zaragoza-Diesfeld, Y., & Sefl, T. (1999). Community Services for Rape Survivors Enhancing Psychological Well-Being or Increasing Trauma? *Journal of Consulting and Clinical Psychology*, 67 (6):847–858.
- Camus, A. (1991). *The Myth of Sisyphus, and Other Essays*. Vintage.
- Camus, A. (2012). *The Myth of Sisyphus, and Other Essays*. Vintage.
- Cannon, B. (1991). *Sartre and psychoanalysis: An existentialist challenge to clinical metatheory*. University of Kansas.
- Casey, B. J., Trainor, R.J., Orendi, J.L., Schubert, A.B., Nystrom, L.E., Giedd, J.N., et al. (1997). A developmental functional MRI study of prefrontal activation during performance of a go-no-go task. *Journal of Cognitive Neuroscience*, 9, 835–847.
- Cashmore, J. & Shackel, R. (2013). *The long-term effects of child sexual abuse. (CFCA Paper No. 11)*. Child Family Community Australia, Australian Institute of Family Studies.
- Cassidy, J. (1994). Emotion regulation: Influences of attachment relationships. *Monographs of the Society for Research in Child Development*, 59 (2-3), 228-249.
- Cassidy, J. (2000). Adult romantic attachments: A developmental perspective on individual differences. *Review of General Psychology*, 4, 111-131.
- Charest, F., Hébert, M., & Bernier, A. (2018). Attachment representations in sexually abused preschoolers: a comparative study. *Attachment & human development*, 20 (5), 473–490. <https://doi.org/10.1080/14616734.2018.1430838>
- Chouliara, Z., Karatzias, T., Scott-Brien, G., Macdonald, A., MacArthur, J., & Frazer, N. (2011) Talking Therapy Services for Adult Survivors of Childhood Sexual Abuse (CSA) in Scotland: Perspectives of Service Users and Professionals. *Journal of Child Sexual Abuse*, 20 (2), 128-156.
- Cloitre, M., Miranda, R., Stovall-McClough, C., & Hyemee, H. (2005). Beyond PTSD: Emotion regulation and interpersonal problems as predictors of functional impairment in survivors of childhood abuse. *Behavior Therapy*, 36, 119–124.
- Cohen, L., Mannion, L. & Morrison, K. (2007). *Research methods in education* (6th ed.) Routledge.
- Cohen, M.Z. (2000). Introduction. In M. Z. Cohen, D. L. Kahn, R. H. Steeves (Eds.), *Hermeneutic Phenomenological research: A practical guide for nurse researchers* (pp. 1-2). Sage.
- Cohen, M. Z., & Omery, A. (1994). Schools of phenomenology: implications for research. In J. M. Morse, (Ed.), *Critical issues in qualitative research methods* (pp. 136-156). Sage.
- Cohen, M. Z., Kahn, D. L., & Steeves, D. L. (2000). *Hermeneutic phenomenological research: A practical guide for nurse researchers*. Sage.
- Cohn, H. W. (1984). An existential approach to psychotherapy. *British Journal of Medical Psychology*, 57 (3), 11-18.
- Cohn, H. W. (1997). *Existential thought and therapeutic practice*. Sage.
- Colangelo, J. J., & Keefe-Cooperman, K. (2012). Understanding the impact of childhood sexual abuse on women's sexuality. *Journal of Mental Health Counseling*, 34 (1), 14–37.
- Cole, P. M., & Putnam, F. W. (1992). Effect of incest on self and social functioning: A developmental psychopathology perspective. *Journal of Consulting and Clinical Psychology*, 60, 174-184.

- Cole, P. M., Woolger, C., Power, T. G., & Smith, K. D. (1992). Parenting difficulties among adult survivors of father–daughter incest. *Child abuse & neglect*, 16, 239–249.
- Collier, L. (2016, November). Growth after trauma: Why are some people more resilient than others—and can it be taught? *American Psychological Association*.
<https://www.apa.org/monitor/2016/11/growth-trauma>
- Collins, R. (1988). *Theoretical sociology*. Harcourt Brace Jovanovich
- Conway, M. A., & Pleydell-Pearce, C. W. (2000). The construction of autobiographical memories in the self-memory system. *Psychological Review*, 107(2), 261–288.
- Cooper, D. (1967). *Psychiatry and Anti-Psychiatry*. Tavistock.
- Cooper, M. (2003a). *Existential therapies*. Sage.
- Cooper, M. (2003b). Between Freedom and Despair: Existential challenges and contributions to person-centered and experiential therapy. *Person-Centered & Experiential Psychotherapies*, 2(1), 43–56.
- Copleston, F. C. (1948). ‘Existentialism’, *Philosophy* 23(84): 19–37.
- Côté, P. B., Flynn, C., Dubé, K., Fernet, M., Maheu, J., Gosselin-Pelerin, A., Couturier, P., Cribb, M., Petrucci, G., & Cousineau, M. M. (2022). "It made me so vulnerable": Victim-blaming and disbelief of child sexual abuse as triggers of social exclusion leading women to homelessness. *Journal of child sexual abuse*, 31(2), 177–195.
<https://doi.org/10.1080/10538712.2022.2037804>
- Cotton, S., Zebracki, K., Rosenthal, S. L., Tsevat, J., & Drotar, D. (2006). Religion/spirituality and adolescent health outcomes: A review. *Journal of adolescent health*, 38(4), 472–480.
- Crabtree, B. F., Miller, W. L. (Eds.). (1999). *Doing Qualitative Research* (2nd ed.). Sage Publications, Inc.
- Crawford, E., & Wright, M. O. (2007). The impact of childhood psychological maltreatment on interpersonal schemas and subsequent experiences of relationship aggression. *Journal of Emotional Abuse*, 7 (2), 93–116.
- Creswell, J.W. (2007). *Qualitative inquiry & research design: Choosing among five approaches* (2nd ed.). Sage Publications, Inc.
- Crittenden, P. (2013). The fundamental project. In S. Churchill & J. Reynolds (Eds.), *Jean-Paul Sartre: Key Concepts* (Key Concepts, pp. 152-162). Acumen Publishing.
- Cromer, L.D., Goldsmith, R.E. (2010). Child sexual abuse myths: attitudes, beliefs, and individual differences. *J Child Sex Abuse*, 19, 618–47.
- Crosswaite, C., & Curtice, L. (1994). Disseminating research results—the challenge of bridging the gap between health research and health action. *Health Promotion International*, 9(4), 289–296.
- Crossley, N. (1998). R. D. Laing and the British anti-psychiatry movement: a socio-historical analysis. *Social Science Medicine*, 47, 877-899.
- Crotty, M. (2003). *The Foundations of Social Research: Meaning and Perspectives in the Research Process* (3rd ed.). Sage Publications, Inc.
- Cunliffe, A. L. (2014). *A very short, fairly interesting and reasonably cheap book about management* (2nd ed.). Sage.

- Dahlberg, K. (2006). The essence of essences—The search for meaning structures in phenomenological analysis of lifeworld phenomena. *International Journal of Qualitative Studies on Health and Well-being*, 1 (1), 11–19.
- Dahlberg, H., & Dahlberg, K. (2020). Open and Reflective Lifeworld Research: A Third Way. *Qualitative Inquiry*, 26 (5), 458–464.
- Darlington, Y. and Scott, D. (2002), *Qualitative Research in Practice: Stories from the Field*. Allen and Unwin.
- Daigneault, I., Hébert, M., & McDuff, P. (2009). Men's and women's childhood sexual abuse and victimization in adult partner relationships: A study of risk factors. *Child abuse & neglect*, 33(9), 638–647. <http://doi.org/10.1016/j.chiabu.2009.04.003>
- Davis, J. L., & Petretic-Jackson, P. A. (2000). The impact of child sexual abuse on adult interpersonal functioning: A review and synthesis of the empirical literature. *Aggression and Violent Behavior*, 5 (3), 291–328.
- Descartes, R. (1999). *Discourse on method and meditations on first philosophy*. Hackett Pub Co Inc.
- Deurzen, E., van (1997). *Everyday Mysteries: Existential dimensions of psychotherapy*. Routledge.
- Deurzen, E. van (2002). *Existential Counselling and Psychotherapy in Practice* (2nd ed.). Sage Publications, Inc.
- Dickie, E.W., Brunet, A., Akerib, V., Armony, J.L. (2011). Neural correlates of recovery from post-traumatic stress disorder: a longitudinal fMRI investigation of memory encoding. *Neuropsychologia*, 49 (7), 1771-1778.
- Dickson-Swift, V., James, E., Kippen, S., & Liamputtong Rice, P. (2006). Blurring boundaries in qualitative health research on sensitive topics. *Qualitative Health Research*, 16 (6), 853-871.
- DiLillo, D. (2001). Interpersonal functioning among women reporting a history of childhood sexual abuse: empirical findings and methodological issues. *Clinical Psychology Review*, 21 (4), 553-76.
- Domhardt, M., Münzer, A., Fegert, J. M., & Goldbeck, L. (2015). Resilience in Survivors of Child Sexual Abuse: A Systematic Review of the Literature. *Trauma, violence & abuse*, 16(4), 476–493. <https://doi.org/10.1177/1524838014557288>
- Dunmore, E., Clark, D. M., & Ehlers, A. (1999). Cognitive factors involved in the onset and maintenance of posttraumatic stress disorder (PTSD) after physical or sexual assault. *Behaviour research and therapy*, 37 (9), 809-829.
- Draucker, C.B., Martsolf, D.S., Ross, R., Cook, C.B., Stidham, A.W., & Mweemba, P. (2009). The essence of healing from sexual violence: A qualitative metasynthesis. *Research in Nursing & Health*, 32(4), 366-378.
- Drucker, P. F. (1999). Managing oneself. *Harvard Business Review*, 77 (2), 64-75.
- Duberstein, P. R., Ward, E. A., Chaudron, L. H., He, H., Toth, S. L., Wang, W., Van Orden, K. A., Gamble, S. A., & Talbot, N. L. (2018). Effectiveness of interpersonal psychotherapy-trauma for depressed women with childhood abuse histories. *Journal of consulting and clinical psychology*, 86(10), 868–878. <https://doi.org/10.1037/ccp0000335>
- Durkheim, E. (1973). Individualism and the Intellectuals. In R. N. Bellah (Ed.), *Emile Durkheim: On Morality and Society* (pp. 43-57). University of Chicago Press. (Original work published 1898)

- Easton, S. D. (2014). Masculine norms, disclosure, and childhood adversities predict long-term mental distress among men with histories of child sexual abuse. *Child Abuse & Neglect*, 38 (2), 243-51.
- Eisikovits, Z., Tener, D., & Lev-Wiesel, R. (2017). Adult women survivors of intrafamilial child sexual abuse and their current relationship with the abuser. *American Journal of Orthopsychiatry*, 87(3), 216–225. <https://doi.org/10.1037/ort0000185>
- Ekinci, Y., Dam, S. and Buckle, G. (2025), The dark side of social media influencers: A research agenda for analysing deceptive practices and regulatory challenges. *Psychology & Marketing*, 42, 1201-1214. <https://doi.org/10.1002/mar.22173>
- Engelhard, I., Van Den Hout, M., Weerts, J., Arntz, A., Hox, J., & McNally, R. (2007). Deployment-related stress and trauma in Dutch soldiers returning from Iraq: Prospective study. *British Journal of Psychiatry*, 191(2), 140-145.
- Eriksson, M., & Lindström, B. (2005). Validity of Antonovsky's sense of coherence scale: A systematic review. *Journal of Epidemiology and Community Health*, 59, 460–466.
- Estévez, A., Ozerinjauregi, N., & Herrero-Fernández, D. (2016). Maladaptive schemas as mediators in the relationship between child sexual abuse and displaced aggression. *Journal of child sexual abuse*, 25(4), 449–465. <https://doi.org/10.1080/10538712.2016.1156207>
- Estevez, A., Ozerinjauregi, N., Herrero-fernandez, D., & Jauregui, P. (2016). The Mediator Role of Early Maladaptive Schemas Between Childhood Sexual Abuse and Impulsive Symptoms in Female Survivors of CSA. *Journal of Interpersonal Violence*, 34 (4), 449-465.
- Ettema, E. J., Derksen, L.D., & van Leeuwen, E. (2010). Existential loneliness and end-of-life care: a systematic review. *Theoretical Med Bioethics*, 31 (2), 141–169.
- Fassinger, R. E. (2005). Paradigms, praxis, problems, and promise: Grounded theory in counseling psychology research. *Journal of Counseling Psychology*, 52 (2), 156–166.
- Feinauer, L., Callahan, E. & Hilton, H. G. (1996). Positive intimate relationships decrease depression in sexually abused women. *American Journal of Family Therapy*, 24(2), 99-106.
- Filipas, H. H., & Ullman, S. E. (2006). Child sexual abuse, coping responses, self-blame, posttraumatic stress disorder, and adult sexual revictimization. *Journal of interpersonal violence*, 21 (5), 652–672. <https://doi.org/10.1177/0886260506286879>
- Fingfeld-Connett, D., & Johnson, E. D. (2013). Literature search strategies for conducting knowledge-building and theory-generating qualitative systematic reviews. *Journal of advanced nursing*, 69(1), 194–204.
- Finkelhor, S. D. (1979). Sexually victimized children and their families. *Dissertation Abstracts International Section A: Humanities and Social Sciences*, 39(11-A), 7006–7007.
- Finkelhor, D. (1990). Early and long-term effect of child sexual abuse: An update. *Professional Psychology*, 21, 325-330.
- Finkelhor, D. (1994). The international epidemiology of child sexual abuse. *Child Abuse & Neglect*, 18 (5), 409-417.
- Finkelhor, D., & Browne, A. (1985). The traumatic impact of child sexual abuse: a conceptualization. *The American journal of orthopsychiatry*, 55(4), 530–541. <https://doi.org/10.1111/j.1939-0025.1985.tb02703.x>

- Finkelhor, D., Hotaling, G., Lewis, I. A., & Smith, C. (1990). Sexual abuse in a national survey of adult men and women: Prevalence, characteristics, and risk factors. *Child Abuse & Neglect*, 14 (1), 19–28.
- Finlay, L. and Evans, K. (eds.). (2009). *Relational-centred Research for Psychotherapists: Exploring Meanings and Experience*. John Wiley & Sons Ltd.
- Fisher, C., Goldsmith, A., Hurcombe, R., & Soares, C. (2017). *The impacts of child sexual abuse: A rapid evidence assessment*. Independent Inquiry into Child Sexual Abuse. <https://www.iicsa.org.uk/reports-recommendations/publications/inquiry/interim/nature-effects-child-sexual-abuse/what-is-child-sexual-abuse.html>
- Fitzgerald, M., Wright, L. E., & Bishop, A. J. (2023). Does Forgiveness Enhance Or Detract From Relationship Quality Among Sexual Abuse Survivors?. *Journal of child sexual abuse*, 32(4), 455–474. <https://doi.org/10.1080/10538712.2023.2174469>
- Fletcher, S., Elklit, A., Shevlin, M., & Armour, C. (2021). Predictors of PTSD Treatment Response Trajectories in a Sample of Childhood Sexual Abuse Survivors: The Roles of Social Support, Coping, and PTSD Symptom Clusters. *Journal of Interpersonal Violence*, 36 (3–4), 1283–1307.
- Florian, V., Mikulincer, M. & Hirschberger, G. (2002). The anxiety-buffering function of close relationships: evidence that relationship commitment acts as a terror management mechanism. *Journal of Personal Social Psychology*, 82, 527–542.
- Foa, E. B., Hembree, E. A., & Rothbaum, B. O. (2007). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences: Therapist guide*. Oxford University Press. doi: 10.1093/med:psych/9780195308501.001.0001
- Foucault, M. (1979). *Discipline and Punish: The Birth of the Prison*. Vintage Books.
- Frankl, V. E. (1961). Logotherapy and the challenge of suffering. *Review of Existential Psychology & Psychiatry*, 1, 3–7.
- Frankl, V. E. (1967). Logotherapy. *Israel Annals of Psychiatry & Related Disciplines*, 5(2), 142–155.
- Frankl, V. E. (1986). *The doctor and the soul: From psychotherapy to logotherapy* (2nd ed.). Vintage.
- Frankl, V. E. (1992). *Man's Search for Meaning*. (4th ed.). Beacon Press.
- Fransson, P. (2005). Spontaneous low-frequency BOLD signal fluctuations: An fMRI investigation of the resting-state default mode of brain function hypothesis. *Human Brain Mapping*, 26(1), 15–29.
- Fraser, N. (2021). *You are Not Alone: An existential-phenomenological exploration of how inner dialogue is experienced by rape survivors* [Doctoral dissertation, Middlesex University/New School of Psychotherapy and Counselling (NSPC)]. <https://repository.mdx.ac.uk/download/83457b35bb856735977454651246c4fda7aed8947eccbe b55f9f370c13b7e30b/2881735/NFraser%20thesis.pdf>
- Frewen, P. A., Schroeter, M. L., Riva, G., Cipresso, P., Fairfield, B., Padulo, C., & Northoff, G. (2020). Neuroimaging the consciousness of self: Review, and conceptual-methodological framework. *Neuroscience and Biobehavioral Reviews*, 112, 164–212.
- Fricker, M. (2007). *Epistemic Injustice: Power and the Ethics of Knowing*. Oxford University Press.
- Friesen, N., Henriksson, C., & Sævi, T. (2012). *Hermeneutic Phenomenology in Education*. Sense Publishers. <https://doi.org/10.1007/978-94-6091-834-6>

- Funk, J. L. & Rogge, R. D. (2007). Testing the ruler with item response theory: Increasing precision of measurement for relationship satisfaction with the Couples Satisfaction Index. *Journal of family psychology*, 21(4), 572–583. <https://doi.org/10.1037/0893-3200.21.4.572>
- Gadamer, H. G. (1976). *Philosophical hermeneutics*. University of California Press.
- Gadamer, H. G. (2001). *Gadamer in Conversation: Reflections and Commentary* (R. E. Palmer Trans.). Yale University Press.
- Gadamer, H. G. (2003). *A Century of Philosophy: A Conversation with Riccardo Dottori*, (R. Coltman & S. Koepke Trans.). Continuum.
- Gadamer, H. G. (2005). *Truth and Method* (J. Weinsheimer, & D. G. Marshall Trans.). Continuum Publishing Group.
- Gartner, R. (1999). Relational Aftereffects in Manhood of Boyhood Sexual Abuse. *Journal of Contemporary Psychotherapy*. Vol. 29. No. 4.
- Gelinas, D. J. (1983). The persisting negative effects of incest. *Psychiatry*, 46(4), 312-332.
- Gendlin, E. T. (1978/1981). *Focusing*. Bantam.
- Gendlin, E.T., J. Beebe, J. Cassens, M. Klein & M. Oberlander (1968). Focusing ability in psychotherapy, personality and creativity. In J.M. Shlien (Ed.), *Research in psychotherapy*. 3, pp. 217-241. APA.
- Gentles, S. J., Charles, C., Ploeg, J., & McKibbin, K. (2015). Sampling in qualitative research: Insights from an overview of the methods literature. *The Qualitative Report*, 20(11), 1772-1789. <https://doi.org/10.46743/2160-3715/2015.2373>
- Gergen, K. J. (2007). Saturated Self. *The Blackwell Encyclopedia of Sociology*. Blackwell.
- Giorgi, A. (2011). IPA and science: A response to Jonathan Smith. *Journal of Phenomenological Psychology*, 42, 195-216.
- Girard, M., Dugal, C., Hébert, M., & Godbout, N. (2020). Is my sex life Ok? The mediating role of sexual anxiety in the association between childhood sexual abuse and sexual coercion against women. *Journal of child sexual abuse*, 29(6), 717–733. <https://doi.org/10.1080/10538712.2020.1774697>
- Glesne, C. (1999). *Becoming qualitative researchers: an introduction*. Longman.
- Godbout, N., Runtz, M., MacIntosh, H., & Briere, J. (2013). Traumas interpersonnels vécus en enfance et relations de couple [Childhood traumas and couple relationships]. *Cahier Recherche et Pratique*, 3 (2), 14–17.
- Goffman, E. (1959). *The presentation of self in everyday life*. Doubleday.
- Gold, S.N. (2008). About Psychological Trauma and the APA Division of Trauma Psychology. *Psychological Trauma: Theory, Research, Practice, and Policy*, s (1), 1-2.
- Goodman-Brown T. B., Edelstein R. S., Goodman G. S., Jones D., Gordon D. S. (2003). Why children tell: A model of children's disclosure of sexual abuse. *Child Abuse & Neglect*, 27, 525–540.
- Graham, K., Searle, A., Van Hooff, M., Lawrence-Wood, E., & McFarlane, A. (2019). The Associations Between Physical and Psychological Symptoms and Traumatic Military Deployment Exposures. *Journal of traumatic stress*, 32(6), 957–966. <https://doi.org/10.1002/jts.22451>

- Green, J. G., McLaughlin, K. A., Berglund, P., Gruber, M. J., Sampson, N. A., Zaslavsky, A. M., & Kessler, R. C. (2010). Childhood adversities and adult psychopathology in the stress sensitization in a national sample. National Comorbidity Survey Replication (NCS-R) I: Associations with first onset of DSM-IV disorders. *Archives of General Psychiatry*, 67 (2), 113–123.
- Greening, T. (1992). Existential challenges and responses. *The Humanistic Psychologist*, 20 (1), 111-115. <https://doi.org/10.1080/08873267.1992.9986784>
- Greicius, M. D., Krasnow, B., Reiss, A. L., & Menon, V. (2003). Functional connectivity in the resting brain: a network analysis of the default mode hypothesis. *Proceedings of the National Academy of Sciences of the United States of America*, 100(1), 253–258. <https://doi.org/10.1073/pnas.0135058100>
- Griffith, J. L., Dsouza, A. (2012). Demoralization and hope in clinical psychiatry and psychotherapy. In R. D. Alarcón & J. B. Frank (Eds.). *The Psychotherapy of hope: The legacy of persuasion and healing* (pp. 158-177). Johns Hopkins University Press.
- Grossman, F. K., Sorsoli, L., & Kia-Keating, M. (2006). A gale force wind: Meaning making by male survivors of childhood sexual abuse. *American Journal of Orthopsychiatry*, 76, 434 – 443.
- Grubbs, J. B., Wilt, J., Stauner, N., Exline, J. J., & Pargament, K. I. (2016). Self, struggle, and soul: Linking personality, self-concept, and religious/spiritual struggle. *Personality and Individual Differences*, 101, 144-152.
- Guba, E. G., & Lincoln, Y. S. (1982). Epistemological and methodological bases of naturalistic inquiry. *Educational Communication & Technology Journal*, 30(4), 233–252.
- Guba, E., & Lincoln, Y. (1994). Competing Paradigms in Qualitative Research. In N. Denzin, & Y. Lincoln, (Eds.), *Handbook of Qualitative Research*. Sage Publications.
- Hays, D. G., & Singh, A. A. (2012). *Qualitative inquiry in clinical and educational settings*. Guilford Press.
- Gyollai, D. (2020). Getting into it in the wrong way: Interpretative phenomenological analysis and the hermeneutic circle. *Nursing Philosophy*, 21 (2).
- Haiyasoso, M., & Trepal, H.C. (2019). Survivors' stories: Navigating parenthood after surviving child sexual abuse. *Journal of counseling & development*, 97, 281-292. <https://doi.org/10.1002/jcad.12268>
- Hamilton, M. (1960). A rating scale for depression. *Journal of Neurology, Neurosurgery & Psychiatry*, 23, 56–61.
- Hamilton, L. H. A., Van Vliet, K. J., Lasiuk, G., & Varnhagen, C. K. (2022). The lived experience of human-pet relationships among adult survivors of childhood sexual abuse: An interpretative phenomenological analysis. *Journal of child sexual abuse*, 31(7), 817–835. <https://doi.org/10.1080/10538712.2022.2112350>
- Harari, Yuval Noah (2017). *Homo Deus: A Brief History of Tomorrow*. Vintage.
- Harboush, K., & Alyan, H. (2013). “Who Can You Tell?” Features of Arab Culture That Influence Conceptualization and Treatment of Childhood Sexual Abuse. *Journal of Child Sexual Abuse*, 22 (5), 499-518.
- Hare, R. D. (1985). Comparison of procedures for the assessment of psychopathy. *Journal of Consulting and Clinical psychology*, 53(1), 7-16.

- Harman, G. (2007). *Heidegger explained: From phenomenon to thing*. Open Court.
- Harris, M. (1998). *Trauma, recovery and empowerment: A clinician's guide for working with women in groups*. Free Press.
- Hart, J.G. (2009). *Who one is. Book I and II*. Springer.
- Hartley, S., Johnco, C., Hofmeyr, M., & Berry, A. (2016). The nature of posttraumatic growth in adult survivors of child sexual abuse. *Journal of child sexual abuse*, 25(2), 201–220. <https://doi.org/10.1080/10538712.2015.1119773>
- Harvey, L. J. & M. D. Myers, (Eds.) (2002). *Scholarship and Practice: The Contribution of Ethnographic Research Methods to Bridging the Gap in Qualitative Research in Information Systems: A Reader*. Sage Publications Inc.
- Heidegger, M. (1962). *Being and time*. (J. Macquarrie, & E. Robinson, Trans.). Harper and Row
- Heidegger, M. (1978). *The Way to Language* in D. F. Krell (Ed.), *Basic Writings* (pp. 393-426). Routledge.
- Heidegger, M. (1993). *Basic writings: Martin Heidegger*. Routledge.
- Heidegger, M. (1998). *Being and time*. (J. Stamburgh, Trans.). State University of New York Press (Original work published 1927)
- Heiman, J. R., & Heard-Davison, A. R. (2004). Child sexual abuse and adult sexual relationships: Review and perspective. In L. J. Koenig, L. S. Doll, A. O'Leary, & W. Pequegnat (Eds). *From Child Abuse to Adult Sexual Risk: Trauma, Revictimization, and Intervention*. American Psychological Association.
- Heinonen K. (2015). Levels of reduction in van Manen's phenomenological hermeneutic method: an empirical example. *Nurse researcher*, 22(5), 20–24. <https://doi.org/10.7748/nr.22.5.20.e1327>
- Helm, P. J., Jimenez, T., Bultmann, M., Lifshin, U., Greenberg, J., & Arndt, J. (2020). Existential isolation, loneliness, and attachment in young adults. *Personality and Individual Differences*, 159, 109890.
- Herman, J. L. (1992). *Trauma and recovery*. Books.
- Herman, J. L. (1997). *Trauma and recovery*. 2nd edition. Basic Books.
- Herrero-Fernández, D. (2013a). Adaptación española de la dimensión conductual del Displaced Aggression Questionnaire. Análisis de validez con medidas de ira y agresión genéricas y en la conducción. [Spanish adaptation of the behavioral dimension of the Displaced Aggression Questionnaire. Analysis of validity with general and on-the-road measures of anger and aggression.] *Revista de Psicología Social*, 28(3), 273–284.
- Herrero-Fernández, D. (2013b). Do people change behind the wheel? A comparison of anger and aggression on and off the road. *Transportation research part F: Traffic psychology and behaviour*, 21, 66–74.
- Hobfoll, S. E. (1988). *The ecology of stress*. Hemisphere Pub. Corp.
- Hodges, E. A., and Meyers, J. E. (2010). Counseling adult women survivors of childhood sexual abuse: benefits of a wellness approach. *Journal Mental Health Counselling*, 32, 139–154. doi: 10.17744/mehc.32.2.t537j335522kx62q
- Holliday, A. (2002), *Doing and writing qualitative research*. Thousand Oaks.

- Holloway, I., & Todres, L. (2003). The status of method: Flexibility, consistency and coherence. *Qualitative Research*, 3(3), 345–357
- Hood, B. M. (2009). *Supersense: Why we believe in the unbelievable*. HarperOne.
- Horvath, M., Davidson, J., Grove-Hills, J., Gekoski, A., & Choak, C. (2014). “*It’s a Lonely Journey*”: A Rapid Evidence Assessment on Intrafamilial Child Sexual Abuse. Office of the Children’s Commissioner.
- Howick, J., Chalmers, I., Glasziou, P., Greenhalgh, T., Heneghan, C., Liberati, A., Moschetti, I., Phillips, B., & Thornton, H. (2011). *Explanation of the 2011 Oxford Centre for Evidence-Based Medicine (OCEBM) Levels of Evidence (Background Document)*. Oxford Centre for Evidence-Based Medicine. <https://www.cebm.ox.ac.uk/resources/levels-of-evidence/ocebml-levels-of-evidence>
- Hovey, R. B., Vigouroux, M., Noushi, N., Pavate, V., & Amja, K. (2022). Applied philosophical hermeneutic research: the unmethod. *International journal of qualitative methods*, 21. <https://doi.org/10.1177/16094069221101237>
- Hussein, T. (2008). *Child abuse, theory and treatment*. Dar Al Fiker.
- Husserl, E. (1970). *Logical investigations*. (Trans. J. Findlay). Humanities Press. (Original work published 1900).
- Husserl, E. (1983). *Ideas pertaining to a pure phenomenology and to a phenomenological philosophy: First book* (F. Kersten, Trans.). Kluwer. (Original work published 1913)
- Hurvich, M. (2003). The place of annihilation anxieties in psychoanalytic theory. *Journal American Psychoanalysis. Association*. 51, 579–616.
- Iannello, N. M., Hardy, S. A., Musso, P., Lo Coco, A., & Inguglia, C. (2019). Spirituality and ethnocultural empathy among Italian adolescents: The mediating role of religious identity formation processes. *Psychology of Religion and Spirituality*, 11(1), 32.
- Ingleby, D. (1981). *Critical psychiatry*. Penguin.
- Isely, P. J., Isely, P., Freiburger, J., & McMakin, R. (2008). In their own voices: A qualitative study of men abused as children by Catholic clergy. *Journal of Child Sexual Abuse*, 17 (3-4), 201-215.
- Jacobsen, B. (2006). The Life Crisis in a Existential Perspective: Can Trauma and Crisis Be Seen as an Aid in Personal Development? *Existential Analysis*, 17(1), 39-54.
- Jacobson, H. L., Hall, M. E., Anderson, T. L., & Willingham, M. M. (2016). Temple or Prison: Religious Beliefs and Attitudes Toward the Body. *Journal of religion and health*, 55(6), 2154–2173. <https://doi.org/10.1007/s10943-016-0266-z>
- Jaspers, K. (1938). *Existenzphilosophie, drei Vorlesungen gehalten am Freien deutschen Hochstift in Frankfurt a.M. September 1937*. Gruyter & co.
- Jaspers, K. (1951) *The Way to Wisdom* (R. Manheim Trans.). Yale University Press.
- Jaynes, J. (2013). from The Origin of Consciousness in the Breakdown of the Bicameral Mind. In *Creative Writing* (pp. 541-543). Routledge.
- Jennings, W. G., Richards, T. N., Tomsich, E., & Gover, A. R. (2015). Investigating the role of child sexual abuse in intimate partner violence victimization and perpetration in young adulthood from a propensity score matching approach. *Journal of child sexual abuse*, 24(6), 659–681. <https://doi.org/10.1080/10538712.2015.1057665>

- Jehu, D. (1988). *Beyond sexual abuse: Therapy with women who were childhood victims*. John Wiley.
- Jonas, E., McGregor, I., Klackl, J., Agroskin, D., Fritsche, I., Holbrook, C., Nash, K., Proulx, T. and Quirin, M., (2014). Threat and defense: From anxiety to approach. In *Advances in experimental social psychology* (Vol. 49, pp. 219-286). Academic Press.
- Jones, J., Borbasi, S., (2004). Interpretive research: weaving a phenomenological text. In J. Clare, & H. Hamilton, (Eds.), *Writing Research. Transforming Data into Text* (pp. 85–101). Churchill Livingstone.
- Johnson, J. M., & Rowlands, T. (2012). The interpersonal dynamics of in-depth interviewing. In J. F. Gubrium, J. A. Holstein, A. B. Marvasti, & K. D. McKinney (Eds.), *The Sage handbook of interview research* (2nd ed.) (pp. 99-113). SAGE.
- Johnstone, L., & Boyle, M. (2018). The Power Threat Meaning Framework: An Alternative Nondiagnostic Conceptual System. *Journal of Humanistic Psychology*, 0(0). <https://doi.org/10.1177/0022167818793289>
- Johnstone, L. (2022, January 18). The Power Threat Meaning Framework: a different perspective on mental health. *Research in Practice*. <https://www.researchinpractice.org.uk/all/news-views/2022/january/the-power-threat-meaning-framework-a-different-perspective-on-mental-health/>
- Joseph, S., & Linley, P. A. (2005). Positive Adjustment to Threatening Events: An Organismic Valuing Theory of Growth through Adversity. *Review of General Psychology*, 9 (3), 262-280. <https://doi.org/10.1037/1089-2680.9.3.262>
- Journal of Child sexual Abuse. (2023, November 1). *Current research concerning sexual victimisation, intervention, & prevention*. https://think.taylorandfrancis.com/special_issues/current-research-concerning-sexual-victimization-intervention-prevention/
- Kalin, N. H., Shelton, S. E., Rickman, M., & Davidson, R. J. (1998). Individual differences in freezing and cortisol in infant and mother rhesus monkeys. *Behavioral Neuroscience*, 112(1), 251–254. <https://doi.org/10.1037/0735-7044.112.1.251>
- Karsna, K., & Bromley, P. (2024). *Child sexual abuse in 2022/23: Trends in official data*. Centre of expertise on child sexual abuse. <https://www.csacentre.org.uk/app/uploads/2024/02/Trends-in-Offical-Data-2022-23-FINAL.pdf>
- Kavar, L. (2012). *The integrated self: A holistic approach to spirituality and mental health practice*. O Books.
- Kernberg, O. F. (1986). *Severe personality disorders: psychotherapeutic strategies*. Yale University Press.
- Kierkegaard, S. (1980). *The Concept of Anxiety* (R. Thomte Trans.). Princeton University Press. (Original work published 1844).
- Kierkegaard, S. (1987). *Either/or*. Kierkegaard's writings IV.2. In H. Hong & E. Hong (Eds.), (Vol. II). Princeton University Press.
- Kierkegaard, S. (2005). *Fear and trembling* (A. Hannay, Trans.). Penguin Books.
- Klaskow, T. (2011). "Looking" for intentionality with Heidegger. Symposium: Canadian Journal of Continental Philosophy, 15(1), 94-109.

- Knapp, A. E., Knapp, D. J., Brown, C. C., & Larson, J. H. (2017). Conflict resolution styles as mediators of female child sexual abuse experience and heterosexual couple relationship satisfaction and stability in adulthood. *Journal of child sexual abuse*, 26(1), 58–77. <https://doi.org/10.1080/10538712.2016.1262931>
- Knott, T. (2014). Maternal Response to the Disclosure of Child Sexual Abuse: Systematic Review and Critical Analysis of the Literature. *Issues in Child Abuse Accusations*, 20 (1), 1-6.
- Koch, T. (1995). Interpretive approaches in nursing research: The influence of Husserl and Heidegger. *Journal of Advanced Nursing*, 21, 827-836.
- Koch, T. (1999). An interpretive research process: Revisiting phenomenological and Hermeneutic research processes. *Nurse Researcher*, 6(3), 20-34. DOI: 10.7748/nr1999.04.6.3.20.c6085.
- Koch, T. and Harrington, A. (1998), Reconceptualizing rigour: the case for reflexivity. *Journal of Advanced Nursing*, 28: 882-890.
- Kochka, P. & Carolan, M. (2002). Alliance Protection. *Journal of Couple & Relationship Therapy*, 1 (4), 59-71.
- Kogan, S. M. (2004). Disclosing unwanted sexual experiences: Results from a national sample of adolescent women. *Child Abuse & Neglect*, 28, 147–165.
- Krayer, A., Seddon, D., Robinson, C. A., Gwilym, H. (2015). The influence of child sexual abuse on the self from adult narrative perspectives. *Journal of Child Sexual Abuse*, 24, 135–151.
- Kvale, S. (1996). *Interview views: An introduction to qualitative research interviewing*. Sage Publications.
- Laing, R. D. (1964). *The Divided Self. An Existential Study in Sanity and Madness*. Penguin Books.
- Laing, R. D. (1969). *Self and Others* (2nd Ed.) Pantheon Books.
- Laing, R. D. (1971). *Self and others*. Penguin Books.
- Lamoureux, B. E., Palmieri, P. A., Jackson, A. P., & Hobfoll, S. E. (2012). Child sexual abuse and adulthood-interpersonal outcomes: Examining pathways for intervention. *Psychological trauma : theory, research, practice and policy*, 4 (6), 605–613.
- Langdridge, D. (2007). *Phenomenological psychology: theory, research and method*. Pearson Education Ltd.
- Langevin, R., Hébert, M., & Cossette, L. (2015). Emotion regulation as a mediator of the relation between sexual abuse and behavior problems in preschoolers. *Child abuse & neglect*, 46, 16–26. <https://doi.org/10.1016/j.chiabu.2015.02.001>
- Lassri, D., & Gewirtz-Meydan, A. (2024). Breaking the cycle: Mentalizing moderates and mediates the link between childhood sexual abuse and satisfaction with adult romantic relationships. *Psychological trauma: Theory, research, practice, and policy*. Advance online publication. <https://dx.doi.org/10.1037/tra0001692>
- Lassri, D., Luyten, P., Fonagy, P., & Shahar, G. (2018). Undetected scars? self-criticism, attachment, and romantic relationships among otherwise well-functioning childhood sexual abuse survivors. *Psychological Trauma: Theory, research, practice, and policy*, 10 (1), 121-129.
- Lather, P. (1992). Critical frames in educational research: Feminist and post-structural perspectives. *Theory into Practice*, 31 (2), 87-99.

- Laverty, S. M. (2003). Hermeneutic phenomenology and phenomenology: A comparison of historical and methodological considerations. *International journal of qualitative methods*, 2 (3), 21–35.
- Levi, P. (1996). *Survival in Auschwitz*. New York: Simon & Schuster. (Original work published).
- Lew, M. (1988). *Victims no longer*. Nevraumont Publishing
- Lewis, A. (2019, November 17). Prince Andrew sparks near-universal condemnation with TV interview. *CNN*. <https://edition.cnn.com/2019/11/17/uk/prince-andrew-tv-interview-scli-gbr-intl/index.html>
- Lewis, M. (1992). *Shame: The exposed self*. The Free Press.
- Lincoln, Y., & Guba, E. (1982, March 19-23). Establishing dependability and confirmability in naturalistic inquiry through an audit [Conference presentation]. Annual Meeting of the American Educational Research Association, New York, NY, United States. <https://files.eric.ed.gov/fulltext/ED216019.pdf>
- Lincoln, Y., Lyhnam, S., & Guba, E. (2018). Paradigmatic controversies, contradictions, and emerging confluences, revisited. In N. Denzin, & Y. Lincoln (Eds.), *The sage handbook of qualitative research* (5th ed., pp. 213-263). SAGE Publications.
- Lin, Y. Y., Servaty-Seib, H. L., & Peterson, J. (2021). Child sexual abuse survivors' grief experiences after the death of the abuser. *Omega*, 83(4), 777–801. <https://doi.org/10.1177/0030222819868107>
- Loar, B. 2003. Phenomenal intentionality as the basis for mental content. In M. Hahn & B. Ramberg (Eds.), *Reflections and replies: Essays on the philosophy of Tyler Burge*. MIT Press.
- Lockie, R. (2003). Depth psychology and self-deception. *Philosophical Psychology*, 16(1), 127-148.
- Longfield, A. (2015). *Protecting children from harm: A critical assessment of child sexual abuse in the family network in England and priorities for action*. United Kingdom Children's Commissioner.
- Lopez, K. A., & Willis, D. G. (2004). Descriptive versus interpretive phenomenology: their contributions to nursing knowledge. *Qualitative health research*, 14 (5), 726–735.
- Lumley, M. N., & Harkness, K. L. (2007). Specificity in the relations among childhood adversity, early maladaptive schemas, and symptom profiles in adolescent depression. *Cognitive Therapy and Research*, 31 (5), 639–657.
- Luthar, S. S., Cicchetti, D., & Becker, B. (2000). The construct of resilience: A critical evaluation and guidelines for future work. *Child Development*, 71 (3), 543-562.
- Luyten, P., Campbell, C., Allison, E., & Fonagy, P. (2020). The mentalizing approach to psychopathology: State of the art and future directions. *Annual review of clinical psychology*, 16(1), 297–325. <https://doi.org/10.1146/annurev-clinpsy-071919-015355>
- Macann, C. (1993). *Four phenomenological philosophers*. Routledge
- MacIntosh, H. B., Johnson, S. (2008). Emotionally focused therapy for couples and childhood sexual abuse survivors. *Journal of Marital and Family Therapy*, 34, 298–315.
- Magruder, K.M., McLaughlin, K.A., & Borbon, D.L.E. (2017). Trauma is a public health issue. *European Journal of Psychotraumatology*, 8 (1). <https://doi.org/10.1080/20008198.2017.1375338>

- Mak, M. C. K., Han, Y. M. Y., You, J., Jin, M., & Bond, M. H. (2011). Building life satisfaction through attachment to mother and beliefs about the world: Social axioms as mediators in two cultural groups. *Mental Health, Religion & Culture*, 14(3), 223-239.
- Maltz, W. (2002). Treating the sexual intimacy concerns of sexual abuse survivors. *Sexual and Relationship Therapy*, 17 (4), 321-327.
- Maniglio, R. (2009). The impact of child sexual abuse on health: A systematic review of reviews. *Clinical Psychology Review*, 29(7), 647-57.
- Maniglio, R. (2010). Child sexual abuse in the etiology of depression: A systematic review of reviews. *Depression and anxiety*, 27(7), 631–642.
- Maniglio, R. (2013). Child sexual abuse in the etiology of anxiety disorders: A systematic review of reviews. *Trauma, Violence, & Abuse*, 14(2), 96-112.
<https://doi.org/10.1177/1524838012470032>
- Marcel, G. (1961). *The philosophy of existentialism*. The Citadell Press.
- Markus, H., & Nurius, P. (1986). Possible selves. *American Psychologist*, 41 (9), 954–969.
- Martin L. L., Campbell W. K., Henry C. D. (2004). The roar of awakening: Mortality acknowledgment as a call to authentic living. In Greenberg J., Koole S. L., Pyszczynski T. A. (Eds.), *Handbook of experimental existential psychology* (pp. 431–448). Guilford Press.
- Mathews, B., & Collin-Vézina, D. (2019). Child Sexual Abuse: Toward a Conceptual Model and Definition. *Trauma, violence & abuse*, 20(2), 131–148.
- Matsakis, A. (1996). *Vietnam wives: Facing the challenges of life with veterans suffering post-traumatic stress* (2nd ed.). The Sidran Press.
- May, R. (Ed.), (1958). *Existence – A New Dimension in Psychiatry and Psychology*. Basic Books.
- May, R. (1977). *The meaning of anxiety*. Norton & Company.
- May, R. (1983). *The discovery of being: Writings in existential psychology*. W.W. Norton & Company.
- May, R. (1991). *The cry for myth*. WW Norton & Company.
- McCann, L., & Pearlman, L. A. (1990). Vicarious traumatization: A framework for understanding the psychological effects of working with victims. *Journal of Traumatic Stress*, 3, 131–147.
- McElvaney, R. (2015). Disclosure of child sexual abuse: Delays, non-disclosure and partial disclosure. What the research tells us and implications for practice. *Child Abuse Review*, 24 (3), 159-169.
- McElvaney, R., Greene, S., Hogan, D. (2012). Containing the secret of child sexual abuse. *Journal of Interpersonal Violence*, 27 (6), 1155–1175. DOI: 10.1177/0886260511424503
- Melhem, S. (2010). *Developmental Psychology*. Dar thought.
- Mensch, J. R. (2015). *Levinas's existential analytic: A commentary on totality and infinity*., Northwestern University Press.
- McCullough L., Kuhn N., Andrews S., Kaplan A., Wolf J., Hurley C. (2003). *Treating Affect Phobia: A Manual for Short-Term Dynamic Psychotherapy*. Guilford Press.
- Merleau-Ponty, M. (1962). *Phenomenology of Perception*. Routledge & Kegan Paul.

- Merleau-Ponty, M. (1962). *Sense and non-sense*. (H. L. Dreyfus, & P. Allen Dreyfus, Trans.). Northwestern University Press. (Original work published 1948).
- Merleau-Ponty, M. (1964). *The primacy of perception: And other essays on phenomenological psychology, the philosophy of art, history and politics* (J.M. Edie, Trans.). Northwestern University Press.
- Merleau-Ponty, M. (1968). *The Visible and the Invisible*. Northwestern University Press.
- Merleau-Ponty, M. (2005). *Phenomenology of Perception*. Routledge Classics.
- Messman-Moore, T. L., & Coates, A. A. (2007). The impact of childhood psychological abuse on adult interpersonal conflict: The role of early maladaptive schemas and patterns of interpersonal behavior. *Journal of Emotional Abuse*, 7 (2), 75–92.
- Metselaar, S., Meynen, G., & Widdershoven, G. (2016). Reconsidering Bias: A Hermeneutic Perspective. *The American journal of bioethics*, 16(5), 33–35.
<https://doi.org/10.1080/15265161.2016.1159753>
- Metzinger, T. (2003). *Being No One: The Self-Model Theory of Subjectivity*. MIT Press.
- Mickelson, K. D., Kessler, R. C., & Shaver, P. R. (1997). Adult attachment in a nationally representative sample. *Journal of Personality and Social Psychology*, 73 (5), 1092–1106.
- Mikulincer, M., Florian, V., & Hirschberger, G. (2003). The existential function of close relationships: Introducing death into the science of love. *Personality and Social Psychology Review*, 7(1), 20–40. https://doi.org/10.1207/S15327957PSPR0701_2
- Mikulincer, M., Florian, V., & Hirschberger, G., (2004). The terror of death and the quest for love: an existential perspective on close relationships. In J. Greenberg, S. L. Koole, & T. Pyszczynski (Eds.). *Handbook of Experimental Existential Psychology* (pp. 287-304). Guilford Press.
- Moksnes, U. K., & Espnes, G. A. (2012). Self-esteem and emotional health in adolescents–gender and age as potential moderators. *Scandinavian Journal of Psychology*, 53(6), 483-489.
- Mondada, L. (2007). Commentary: Transcript variations and the indexicality of transcribing practices. *Discourse Studies*, 9 (6), 809–821.
- Moran, D., (2000). *Introduction to Phenomenology*. Routledge.
- Morese, R. Palermo, S. Torello, C., & Sechi, F. Social withdrawal and mental health: An interdisciplinary approach. In R. Morese, Palermo, S. & F. Fiorella (Eds.), *Social isolation*. IntechOpen.
- Morrow, S. L., & Smith, M. L. (1995). Constructions of survival and coping by women who have survived childhood sexual abuse. *Journal of Counselling Psychology*, 42 (1), 24-33.
- Mosig, Y. D. (2006). Conceptions of the Self in Western and Eastern psychology. *Journal of Theoretical and Philosophical Psychology*, 26(1-2), 39-50.
- Moulyn, A. C. (1982). *The meaning of suffering: an interpretation of human existence from the viewpoint of time*. Greenwood Press.
- Munhall, P. (1989). Philosophical ponderings on qualitative research methods in nursing. *Nursing Science Quarterly*, 2(1), 20-28.
- Munhall, P. L. (2007). A phenomenological method. In P. L. Munhall (Ed.), *Nursing research: A qualitative perspective* (pp. 145-210). Jones and Bartlett.

- Murphy, S., Elklit, A., Hyland, P., & Shevlin, M. (2016). Insecure attachment orientations and posttraumatic stress in a female treatment-seeking sample of survivors of childhood sexual abuse: A cross-lagged panel study. *Traumatology*, 22(1), 48-55.
<https://doi.org/10.1037/trm0000060>
- Nairn, K., Munro, J., & Smith A. B. (2005). A counter-narrative of a failed interview. *Qualitative Research*, 5, 221-224.
- Nasim, R. and Nadan, Y. (2013), Couples Therapy with Childhood Sexual Abuse Survivors (CSA) and their Partners: Establishing a Context for Witnessing. *Fam. Proc.*, 52, 368-377.
- National Institute for Health Research (NIHR). (2019, January). *How to disseminate your research*. Department of Health and Social Care, National Institute for Health Research.
<https://www.nihr.ac.uk/how-disseminate-your-research>
- Neff, K. D. (2003). Self-compassion: An alternative conceptualization of a healthy attitude toward oneself. *Self and Identity*, 2, 85–101. doi:10.1080/15298860390129863
- Neff, K. D., Kirkpatrick, K. L., & Rude, S. S. (2007). Self-compassion and adaptive psychological functioning. *Journal of Research in Personality*, 41, 139–154. doi:10.1016/j.jrp.2006.03.004
- Nelson, K. M., Hagedorn, W. B., & Lambie, G. W. (2019). Influence of attachment style on sexual abuse survivors' posttraumatic growth. *Journal of counseling development*, 97(3), 227–237.
<https://doi.org/10.1002/JCAD.12263>
- Nelson, P. L. (1998). Consciousness as reflexive shadow: An operational psychophenomenological model. *Imagination, Cognition and Personality*, 17 (3): 215-228.
- Neubauer, B.E., Witkop, C.T. & Varpio, L. (2019). How phenomenology can help us learn from the experiences of others. *Perspectives medical education*, 8, 90–97.
<https://doi.org/10.1007/s40037-019-0509-2>
- Nguyen-Feng, V. N., Baker, M. R., Merians, A. N., & Frazier, P. A. (2017). Sexual victimization, childhood emotional abuse, and distress: Daily coping and perceived control as mediators. *Journal of counseling psychology*, 64 (6), 672–683.
- Nielsen, B., Wind, G., Tjørnhøj-Thomsen, T., & Martinsen, B. (2018). A Scoping Review of Challenges in Adult Intimate Relationships After Childhood Sexual Abuse. *Journal of child sexual abuse*, 27 (6), 718–728.
- Obaidan, I. (2010). *Domestic violence and its relationship to efficient and self-psychological security among the students of the University of Tabuk*.
- Ochs, E. (1979). Transcription as theory. In E. Ochs and B. B Schiefflin (Eds.), *Developmental pragmatics* (pp. 43–72). Academic.
- Odman, P.-J. (1998). Hermeneutics. In J. P. Keeses (Ed.), *Educational research methodology and measurement: An international handbook* (pp. 63-70). Pergamon Press.
- Office for National Statistics (2020). *Child abuse in England and Wales: January 2020*. ONS.
- Olio, K. A. (1989). Memory retrieval in the treatment of adult survivors of sexual abuse. *Transactional Analysis Journal*, 19(2), 93-100.
- Olio, K. A., & Cornell, W. F. (1993). The therapeutic relationship as the foundation for treatment with adult survivors of sexual abuse. *Psychotherapy: Theory, Research, Practice, Training*, 30(3), 512–523.

- Ondersma, S., Chaffin, M., Berliner, L., Cordon, I., Goodman, G., Barnett, D. (2001). Sex with children is abuse: Comment on Rind, Tromovitch, and Bauserman (1998). *Psychological Bulletin*, 127, 707–714.
- One In Four (2015). *Survivors' voices: breaking the silence on living with the impact of child sexual abuse in the family environment*. One in Four.
- Palmer, R. E. (1969). *Hermeneutics: Interpretation theory in Schleiermacher, Dilthey, Heidegger, and Gadamer*. Northwestern University Press.
- Palo, A. D., & Gilbert, B. O. (2015). The Relationship Between Perceptions of Response to Disclosure of Childhood Sexual Abuse and Later Outcomes. *Journal of Child Sexual Abuse*, 24 (5):445-463.
- Paolucci, E. O., Genuis, M. L., & Violato, C. (2001). A Meta-Analysis of the Published Research on the Effects of Child Sexual Abuse. *The Journal of Psychology*, 135(1), 17–36.
<https://doi.org/10.1080/00223980109603677>
- Paras, M. L., Murad, M. H., Chen, L. P., Goranson, E. N., Sattler, A. L., Colbenson, K. M., Elamin, M. B., Seime, R. J., Prokop, L. J., & Ziraqzadeh, A. (2009). Sexual abuse and lifetime diagnosis of somatic disorders: a systematic review and meta-analysis. *JAMA*, 302(5), 550–561.
<https://doi.org/10.1001/jama.2009.1091>
- Park, Y. C., & Pinel, E. C. (2020). Existential isolation and cultural orientation. *Personality and Individual Differences*, 159, 109891.
- Patton, M. (2002). *Qualitative research and evaluation methods*. Sage Publications, Inc.
- Paulson, D., & Krippner, S. (2007). *Haunted by combat: Understanding PTSD in war veterans including women, reservists, and those coming back from Iraq*. Praeger.
- Parker, I. (1992). *Discourse dynamics: Critical analysis for social and individual psychology*. Routledge.
- Pechtel, P., & Pizzagalli, D.A. (2011). Effects of early life stress on cognitive and affective function: an integrated review of human literature. *Psychopharmacology*, 214, 55–70.
- Piolino, P., Desgranges, B., Clarys, D., Guillery-Girard, B., Taconnat, L., Isingrini, M., & Eustache, F. (2006). Autobiographical memory, autoegetic consciousness, and self-perspective in aging. *Psychology and Aging*, 21(3), 510–525.
- Polit, D. F., & Tatano Beck, C. (2004). *Nursing Research: Principles and Methods*. Lippincott, Williams and Wilkins.
- Polkinghorne, D. E. (1989). Phenomenological research methods. In R. S. Valle & S. Halling (Eds.), *Existential-phenomenological perspectives in psychology: Exploring the breadth of human experience* (pp. 41–60). Plenum Press.
- Pollner, M. (1991). Left of ethnomethodology: The rise and decline of radical reflexivity. *American Sociological Review*, 56, 370-380.
- Polusny, M.A., Follette, V.M. (1995). Long-term correlates of child sexual abuse: Theory and review of the empirical literature. *Applied and Preventative Psychology*, 4, 148–166.
- Prasad, A. (2002). The Contest Over Meaning: Hermeneutics as an Interpretive Methodology for Understanding Texts. *Organizational Research Methods*, 5 (1), 12-33.
- Prior, M. T. (2012). Re-examining alignment in a failed L2 autobiographic research interview. *Qualitative Inquiry*, 20, 495-508.

- Pulverman, C. S., Boyd, R. L., Stanton, A. M., & Meston, C. M. (2017). Changes in the sexual self-schema of women with a history of childhood sexual abuse following expressive writing treatment. *Psychological trauma: theory, research, practice and policy*, 9(2), 181–188. <https://doi.org/10.1037/tra0000163>
- Racher, F., & Robinson, S. (2003). Are phenomenology and post-positivism strange bedfellows? *Western Journal of Nursing Research*, 25(5), 464–481.
- Ratican, K. (1992). Sexual abuse survivors: Identifying symptoms and special treatment considerations. *Journal of Counseling & Development*, 71(1), 33–38.
- Regan, P. (2012). Hans-Georg Gadamer's philosophical hermeneutics: Concepts of reading, understanding and interpretation. *Research in Hermeneutics, Phenomenology and Practical Philosophy*, 4(2), 286–303.
- Riessman, C. K. (2012). Analysis of personal narratives. In J. F. Gubrium & J. A. Holstein (Eds.), *Handbook of interview research: Context and method* (pp. 367–381). Sage.
- Robottom, I., & Hart, P. (1993). *Research in environmental education: Engaging the debate*. Deakin University Press.
- Ricoeur, P. (1971). What is a Text? Explanation and Interpretation. In D.M. Rasmussen (Trans & Ed.), *Mythic-Symbolic Language and Philosophical Anthropology: A Constructive Interpretation of the Thought of Paul Ricoeur* (pp.193–203). Springer.
- Ricoeur, P. (1976). *Interpretation theory: Discourse and surplus of meaning*. Christian University Press.
- Ricoeur, P. (1981). *Hermeneutics and the human sciences*. Cambridge University Press.
- Ricoeur, P. (1992). *Oneself as another* (K. Blamey, Trans.). University of Chicago Press.
- Ricoeur, P. (2008). *From text to action*. Continuum.
- Roberts, R., O'Connor, T., Dunn, J., Golding, J., & ALSPAC Study Team. (2004). PTSD as a mediator of sexual revictimization: The role of re-experiencing, avoidance and arousal symptoms. *Journal of Traumatic Stress*, 19 (5), 687–698.
- Robottom, I., & Hart, P. (1993). *Research in environmental education: Engaging the debate*. Deakin University Press.
- Roemmele, M., & Messman-Moore, T. L. (2011). Child abuse, early maladaptive schemas, and risky sexual behavior in college women. *Journal of Child Sexual Abuse: Research, Treatment, & Program Innovations for Victims, Survivors, & Offenders*, 20 (3), 264–283
- Rogge, R. D., Fincham, F. D., Crasta, D., & Maniaci, M. R. (2017). Positive and negative evaluation of relationships: Development and validation of the Positive-Negative Relationship Quality (PN-RQ) scale. *Psychological assessment*, 29(8), 1028–1043.
- Roth, J. K. (Ed.). (1996). *Authenticity, international encyclopaedia of ethics*. Salem Press.
- Rook, K. S. (1984). Promoting social bonding: Strategies for helping the lonely and socially isolated. *American Psychologist*, 39 (12), 1389.
- Rouf, K., Waites, B., Weatherhead, S., McKail, R., & Manser, R. (2016). *Guidance document on the management of disclosures of non-recent (historic) child sexual abuse*. The British Psychological Society. <https://www.bps.org.uk/news-and-policy/guidance-management-disclosures-non-recent-historic-child-sexual-abuse-2016> Google Scholar

- Roulston, K., deMarrais, K., & Lewis, J. B. (2003). Learning to interview in the social sciences. *Qualitative Inquiry*, 9, 643-668.
- Rowlands, M. (2017). *Memory and the self: Phenomenology, science and autobiography*. Oxford University Press.
- Rowley, J. (2012). Conducting research interviews. *Management Research Review*, 35, 260–271.
- Ruane, D. (2017). ‘Wearing down of the self’: Embodiment, writing and disruptions of identity in transformational festival fieldwork. *Methodological Innovations*, 10 (1), 2059799117720611.
- Rumstein-McKean, O., & Hunsley, J. (2001). Interpersonal and family functioning of female survivors of childhood sexual abuse. *Clinical Psychology Review*, 21(3), 471–490.
- Russell, D. E. H. (1983). The incidence and prevalence of intra-familial and extrafamilial sexual abuse of female children. *Child Abuse and Neglect*, 7, 133–146.
- Saha, S., Chung, M.C., & Thorne, L. (2011). A narrative exploration of the sense of self of women recovering from childhood sexual abuse. *Counselling Psychology Quarterly*, 24, 101 – 113.
- Sanderson, C. (2006). *Counselling Adult Survivors of Child Sexual Abuse* (3rd ed.). Jessica Kingsley.
- Sartre, J. P. (2001). *Being and nothingness: An essay in phenomenological ontology*. (H. Barnes, Trans.). Citadel Press. (Original work published 1943).
- Sass, L. (2014). Explanation and description in phenomenological psychopathology. *Journal of Psychopathology*, 20, 366–376.
- Schneider, K. J. (1999). *The paradoxical self: Toward an understanding of our contradictory nature* (2nd ed.). Humanity Books.
- Schore, A.N. (2003). *Affect dysregulation and disorders of the self*. W.W. Norton
- Scott, S. (2023). *Key messages from research on intra-familial child sexual abuse* (2nd ed.). Centre of expertise on child sexual abuse. <https://www.csacentre.org.uk/app/uploads/2023/09/Key-messages-from-research-on-intra-familial-child-sexual-abuse-2nd-edition.pdf>
- Seligowski, A., Miron, L., & Orcutt, H. (2015). Relations among self-compassion, PTSD symptoms, and psychological health in a trauma-exposed sample. *Mindfulness*, 6(5), 1033–1041. doi:10.1007/s12671-014-0351-x
- Sexual Assault Centre of Edmonton. (1999). *Volunteer Training Manual*. Edmonton.
- Sharp, C., Fonagy, P., & Allen, J. G. (2012). Posttraumatic stress disorder: A social- cognitive perspective. *Clinical Psychology: Science & Practice*, 19, 229-240.
- Sheline, Y. I., Barch, D. M., Price, J. L., Rundle, M. M., Vaishnavi, S. N., Snyder, A. Z., Mintun, M. A., Wang, S., Coalson, R. S., & Raichle, M. E. (2009). The default mode network and self-referential processes in depression. *Proceedings of the National Academy of Sciences of the United States of America*, 106(6), 1942–1947. <https://doi.org/10.1073/pnas.0812686106>
- Siegel, D. J. (1999). *The developing mind: How relationships and the brain interact to shape who we are*. Guilford Press.
- Simmel, C., Postmus, J., & Lee, I. (2012). Sexual revictimization in adult women: examining factors associated with their childhood and adulthood experiences. *Journal of Child Sexual Abuse*, 21, 593–611.

- Smail, D. (2004). Psychotherapy and the making of subjectivity. In P. Gordon, & R. Mayo (Eds.), *Between psychotherapy and philosophy* (pp. 130-140). Whurr.
- Smith, B. (1994). *Austrian Philosophy LaSalle*. Open Court.
- Smith, B., (1999), Ethical and methodologic benefits of using a reflexive journal in hermeneutic-phenomenologic research. *Image Journal of Nursing Scholarship*, 31 (4), 359-63.
- Smith, D. W., Letourneau, E. J., Saunders, B. E., Kilpatrick, D. G., Resnick, H.S., & Best, C. L. (2000). Delay in disclosure of childhood rape: Results from a national survey. *Child Abuse & Neglect*, 24, 273–287.
- Smith, J., & Osborn, M. (2003). Interpretative phenomenological analysis. In J. A. Smith (Ed.), *Qualitative psychology: A practical guide to research methods*. Sage.
- Smith, J.A., Flowers, P. & Larkin, M. (2009). *Interpretative Phenomenological Analysis*. Sage.
- Smith, P. N., Gamble, S. A., Cort, N. A., Ward, E. A., Conwell, Y., & Talbot, N. L. (2012). The relationships of attachment style and social maladjustment to death ideation in depressed women with a history of childhood sexual abuse. *Journal of clinical psychology*, 68 (1), 78–87.
- Smith, S. (2018). *Nietzsche and Modernism: Nihilism and Suffering in Lawrence, Kafka and Beckett*. Springer.
- Sneddon, H., Water, N., & Allnock, D. (2016). *Responding sensitively to survivors of child sexual abuse: an evidence review*. Victim Support/University of Bedfordshire.
<https://uobrep.openrepository.com/handle/10547/622003>
- Socarides, D. D., & Stolorow, R. D. (1984–1985). Affects and Self objects. *Annals of Psychoanalysis*, 12/13, 105–119.
- Spinelli, E. (2006). The Value of Relatedness in Existential Psychotherapy and Phenomenological Enquiry. *Indo-Pacific Journal of Phenomenology*, 6 (1), 1-8.
- Spinoza, B. (1941). *The chief works of Benedict de Spinoza, volume I*. Dover Publications, Inc.
- Stanton, A. M., Boyd, R. L., Pulverman, C. S., & Meston, C. M. (2015). Determining women’s sexual self-schemas through advanced computerized text analysis. *Child abuse & neglect*, 46, 78 – 88.
<http://dx.doi.org/10.1016/j.chiabu.2015.06.003>
- Stolorow, R.D. (2007). *Trauma and human existence: Autobiographical, psychoanalytic, and philosophical reflections*. The Analytic Press.
- Stolorow, R. D., Atwood, G. E., & Orange, D. M. (2002). *Worlds of experience: Interweaving philosophical and clinical dimensions in psychoanalysis*. Basic Books.
- Sullivan, J. M., Lawson, D. M., & Akay-Sullivan, S. (2020). Insecure attachment and therapeutic bond as mediators of social, relational, and social distress and interpersonal problems in adult females with childhood sexual abuse history. *Journal of child sexual abuse*, 29(6), 659–676. <https://doi.org/10.1080/10538712.2020.1751368>
- Swann Jr, W. B., & Bosson, J. K. (2010). Self and identity. In S. T. D. Fiske, T. Gilbert, & G. Lindzey (Eds.), *Handbook of social psychology* (5th ed., pp. 589-628). McGraw-Hill.
- Tangney, J. P. (1995). Recent advances in the empirical study of shame and guilt. *American Behavioral Scientist*, 38, 1132-1145.
- Taylor, C. (1992). *Sources of the self: The making of the modern identity*. Harvard University Press.

- Tedeschi, R. G., & Calhoun, L. G. (2004). Target Article: "Posttraumatic Growth: Conceptual Foundations and Empirical Evidence". *Psychological Inquiry*, 15 (1), 1–18. https://doi.org/10.1207/s15327965pli1501_01
- Tedeschi, R. G., Shakespeare-Finch, J., Taku, K., & Calhoun, L. G. (2018). *Post-traumatic growth: Theory, research, and applications*. Routledge.
- Templier, M., & Pare, G. (2015). A Framework for Guiding and Evaluating Literature Reviews. *Communications of the Association for Information Systems*, 37 (6), 112-137.
- Tener, D., & Murphy, S. B. (2015). Adult Disclosure of Child Sexual Abuse: A Literature Review. *Trauma, violence & abuse*, 16(4), 391–400. <https://doi.org/10.1177/1524838014537906>
- Testa, M., VanZile-Tamsen, C., & Livingston, J. A. (2005). Childhood sexual abuse, relationship satisfaction, and sexual risk taking in a community sample of women. *Journal of Consulting and Clinical Psychology*, 73 (6), 1116–1124.
- Thompson, R. A. (1994). Emotion regulation: A theme in search of definition. *Monographs of the Society for Research in Child Development*, 59(2-3), 25–52, 250–283. <https://doi.org/10.2307/1166137>
- Thompson, R.A., and Calkins, S.D. (1996). The double-edged sword: Emotion regulation in high risk children. *Development and Psychopathology*, 8, 163-182.
- Thukral, S. & Rodriguez, T. D. (2018). Child Sexual Abuse: Intra- and Extra-Familial Risk Factors, Reactions, and Interventions. In R. Gopalan (Ed.), *Social, Psychological, and Forensic Perspectives on Sexual Abuse* (pp. 229-258). IGI Global Scientific Publishing. <https://doi.org/10.4018/978-1-5225-3958-2.ch017>
- Tillich, P. (1952). *The courage to be*. Yale Univ. Press.
- Tillich, P. (2002). *The eternal now*. SCM classics.
- Timmins, F., & McCabe, C. (2005). How to conduct an effective literature search. *Nursing Standard* 20, 41–47.
- Timraz, S., Lewin, L., Giurgescu, C., & Kavanaugh, K. (2018). An Exploration of Coping with Childhood Sexual Abuse in Arab American Women. *Journal of Child Sexual Abuse*, 28 (3), 1-22.
- Tong, L., Oates, K., & McDowell, M. (1987). Personality development following sexual abuse. *Child Abuse & Neglect*, 11, 371-383.
- Tottenham, N., Hare, T. A., Quinn, B. T., McCarry, T. W., Nurse, M., Gilhooly, T., Millner, A., Galvan, A., Davidson, M. C., Eigsti, I. M., Thomas, K. M., Freed, P. J., Booma, E. S., Gunnar, M. R., Altemus, M., Aronson, J., & Casey, B. J. (2010). Prolonged institutional rearing is associated with atypically large amygdala volume and difficulties in emotion regulation. *Developmental science*, 13 (1), 46–61.
- Trask, E. V., Walsh, K., & DiLillo, D. (2011). Treatment effects for common outcomes of child sexual abuse: A current meta-analysis. *Aggression and violent behavior*, 16 (1), 6-19.
- Tulving, E. (1985). Memory and consciousness. *Canadian Psychology*, 26(1), 1–12.
- Ungar, M. (2011). The social ecology of resilience: addressing contextual and cultural ambiguity of a nascent construct. *American journal of orthopsychiatry*, 81 (1), 1=17.
- Ungar, M. (2013). Resilience, trauma, context, and culture. *Trauma, Violence, & Abuse*, 14, 255–266.


- Ungar, M., Barter, K., McConnell, S., Tutty, L., Fairholm, J. (2009). Patterns of disclosure among youth. *Qualitative Social Work*, 8 (3), 341–356.
- Ursano, R.J., Fullerton, C.S., Norwood, A.E. (Eds.). (2001). *Planning for Bioterrorism: Behavior and Mental Health Responses to Weapons of Mass Destruction and Mass Disruption*. Uniformed Services University of the Health Sciences, 2001
- Valandra V. (2012). Reflexivity and professional use of self in research: A doctoral student's journey. *Journal of Ethnographic & Qualitative Research*, 6(4), 204–220.
- van den Berg, J. H. (1972). *A different existence: Principles of phenomenological psychopathology*. Duquesne University Press.
- van der Kolk, B. A. (1996). The complexity of adaptation to trauma: Self-regulation, stimulus discrimination, and characterological development. In B. A. van der Kolk, A. C. McFarlane, & L. Weisaeth (Eds.), *Traumatic stress: The effects of overwhelming experience on mind, body, and society* (pp. 182–213). The Guilford Press.
- van der Kolk, B. A. (2005). Developmental Trauma Disorder: Toward a Rational Diagnosis for Children with Complex Trauma Histories. *Psychiatric Annals*, 35, 401–408.
- van der Kolk, B. (2015). *The body keeps the score: Brain, mind, and body in the healing of trauma*. Viking.
- van der Kolk, B., van der Hart, O., & Burbridge, J. (2002). Approaches to the treatment of PTSD. In M. B. Williams & J. F. Sommer Jr (Eds.), *Simple and Complex Post-Traumatic Stress Disorder*. Routledge.
- van der Kolk, B. A., McFarlane, A. C., & Weisaeth, L. (Eds.). (1996). *Traumatic stress: The effects of overwhelming experience on mind, body, and society*. The Guilford Press.
- van der Zalm, J.E. and Bergum, V. (2000). Hermeneutic-phenomenology: providing living knowledge for nursing practice. *Advanced Nursing Science*, 31 (1), 211–218.
- van Manen, M. (1984). Practicing phenomenological writing. *Phenomenology + Pedagogy*, 2 (1), 36–69.
- van Manen, M., (1990). *Researching lived experience: Human science for an action sensitive pedagogy*. Althouse Press.
- van Manen, M. (1997). *Researching lived experience: Human science for an action sensitive pedagogy* (2nd ed.). The Althouse Press.
- van Manen, M. (2007). Phenomenology of practice. *Phenomenology & practice*, 1, 11–30.
- van Manen, M. (2014). *Phenomenology of practice: Meaning-giving methods in phenomenological research and writing* (1st ed.). Routledge.
- van Manen, M. (2016). *Researching lived experience: Human science for an action sensitive pedagogy*. Routledge.
- van Manen, M. (2017a). Phenomenology in its original sense. *Qualitative health research*, 27 (6), 810–825.
- van Manen, M. (2017b). But is it phenomenology? *Qualitative health research*, 27(6), 775–779.
- van Manen, M. (2018). Rebuttal rejoinder: Present IPA for what it is—Interpretative psychological analysis. *Qualitative Health Research*, 28, 1959–1968.

- van Rhyn, B., Barwick, A., & Donnelly, M. (2020). Life as experienced within and through the body after the age of 85 years: A metasynthesis of primary phenomenological Research. *Qualitative Health Research*, 30 (6), 836-848. doi:[10.1177/1049732319891132](https://doi.org/10.1177/1049732319891132)
- Vesely, D. (1988). On the relevance of phenomenology. *Pratt Journal of Architecture*, 2 (spring), 59-70.
- Vera-Grey, F. (2023). *Key Messages from Research on the Impacts of Child Sexual Abuse*. Centre of expertise on child sexual abuse. <https://www.csacentre.org.uk/app/uploads/2023/03/Key-messages-from-research-Impacts-of-child-sexual-abuse.pdf>
- von Eckartsberg R. (1998) Existential-Phenomenological Research. In R. Valle (Ed.), *Phenomenological Inquiry in Psychology*. Springer.
- Walker, E. C., Sheffield, R., Larson, J. H., & Holman, T. B. (2011). Contempt and defensiveness in couples relationships related to childhood sexual abuse histories for self and partners. *Journal of Marital and Family Therapy*, 37 (1), 37–50.
- Warthall, M. A. (2006). Existential phenomenology. In H. L. Dreyfus, & Wrathall, M. A. (Eds.), *A companion to phenomenology and existentialism* (pp. 229–239). Blackwell Publishing Ltd.
- Webb, P., & Pollard, C. (2006). Demystifying a Hermeneutic Approach to IS Research. *Australasian Journal of Information Systems*, 13 (2). <https://doi.org/10.3127/ajis.v13i2.39>
- Wegner, D.M. (2002). *The Illusion of Conscious Will*. MIT Press.
- Weissman, M., & Bothwell, S. (1976). Assessment of social adjustment by patient self-report. *Archives of general psychiatry*, 33 (9), 1111-5.
- Wengraf, T. (2006). *Qualitative Research Interviewing – Biographic Narrative and Semi-Structured Methods*. London.
- Wertz, F. (2005). Phenomenological research methods for counseling psychology. *Journal of Counseling Psychology*, 52 (2), 167-177.
- Wildman, W. (1994). *Reader's Guide to Tillich's Systematic Theology*. Paul Tillich Resources Site. <https://people.bu.edu/wwildman/tillich/stguide/stguide3.htm>
- Wiles, R., Bengry-Howell, A., Crow, G. (2013). But is it innovation?: The development of novel methodological approaches in qualitative research. *Methodological Innovations*, 8, 18–33.
- Williams, R. (2017). *An exploration of the experience of women attending a specialist psychotherapy service for survivors of childhood sexual abuse*. [Doctoral thesis, City, University of London]. City, University of London Institutional Repository. <http://openaccess.city.ac.uk/18040/>
- Wilmshurst, K. (2020). An integrated existential framework for trauma theory. *Canadian Social Work Review / Revue canadienne de service social*, 37(2), 131–147. <https://doi.org/10.7202/1075115ar>
- Wright, M. O., Crawford, E., & Del Castillo, D. (2009). Childhood emotional maltreatment and later psychological distress among college students: The mediating role of maladaptive schemas. *Child Abuse & Neglect*, 33 (1), 59–68.
- Yardley, L. (2000). Dilemmas in qualitative health research. *Psychology and Health*, 15, 215-228.
- Yardley, L. (2008). Demonstrating validity in qualitative psychology. In J. A. Smith (Ed.), *Qualitative psychology: A practical guide to research methods* (2nd ed.) (pp. 235-251). Sage.
- Yalom, I. D. (1980). *Existential Psychotherapy*. Basic Books.


- Yalom, I. D. (1992). *When Nietzsche wept*. Basic Books.
- Young, J. E., & Brown, G. (1994). *Young schema questionnaire*. Cognitive Therapy Center.
- Young, J. E., & Brown, G. (1998). *The Young Schema Questionnaire: Short Form*.
<http://www.schematherapy.com>
- Zahavi, D. (2020). The practice of phenomenology: The case of Max van Manen. *Nursing Philosophy*. 21:e12276. <https://doi.org/10.1111/nup.12276>
- Zeglin, R. J., DeRaedt, M. R., & Lanthier, R. P. (2015). Does Having Children Moderate the Effect of Child Sexual Abuse on Depression? *Journal of child sexual abuse*, 24(6), 607–626.
<https://doi.org/10.1080/10538712.2015.1057664>

Appendices

Appendix 1 – Poster




Exploring the relational impact of CSA in the female adult survivor population in therapy; An existential perspective and phenomenological enquiry



I am a researcher with extensive clinical experience of counselling adult female survivors of childhood sexual abuse and I am passionate about continuing to understand these experiences from a research perspective also. I am interested in finding out more about the social world of survivors. The focus of this study is around your relationships and not your historical experience of abuse.

This research has been awarded ethical approval by the New School of Psychotherapy and Counselling and Middlesex University. The research will be conducted in full alignment with the British Psychological Society guidance and adherence to confidentiality. The interviews can be carried out via internet video services (e.g. zoom) or in person.

To be suitable for this study:	
Gender	Female
Age	25-50 years
Age CSA experience	8-16
Therapeutic support prior to study commencement	Must currently be receiving therapeutic support
Type of sexual abuse	Single occasion
Relationship with perpetrator	Not related



About the researcher: My name is Candice O'Neil and I am a third year Trainee Counselling Psychologist and graduate member of The British Psychological Society studying at Middlesex University and New School of Psychotherapy in London.

To express your interest in participating in this important research, ask any questions and request further information please contact me on:
c0680@live.mdx.ac.uk or 07590616296

Appendix 2 – Participant information sheet

Appendix 3 – Consent form

Middlesex University School of Science and Technology
Psychology Department



Written Informed Consent

Title of study: Exploring the relational impact of CSA in the female adult survivor population in therapy; An existential perspective and phenomenological enquiry
Researcher's name and email: Candice O'Neil co680@live.mdx.ac.uk
Supervisor's name and email: Dr Pamela James admin@nspc.org.uk
Academic Year: 2021-2022

- I have been fully informed of the details of the research as explained to me by the researcher and confirm that I have consented to act as a participant.
- I have been given contact details for the researcher in the information sheet to keep.
- I understand that my participation is entirely voluntary, and I have the right to withdraw from participating in the project up until data analysis begins two weeks following my interview without any obligation to explain my reasons for doing so.
- I understand that, as far as is practically possible, the data collected during the research will not be identifiable, it will be confidential and it will be anonymised. I understand that it will be securely and confidentially stored in the researcher's own home for a period of up to 10 years. Only the researcher will have access to the raw data and it will be treated confidentially. I understand confidentiality would only be breached to protect individuals from harm.
- I understand that I can ask for my data to be withdrawn from the project and confidentially destroyed until data analysis begins two weeks after my interview has taken place.
- I further understand that the data I provide may be used for analysis and subsequent publication as a doctoral dissertation, in peer reviewed journals or books, or as poster presentations at Conferences, and I provide my consent that this may occur.

Print name

Sign Name

date: _____

To the participant: Data may be inspected by the Chair of the Psychology Ethics panel and the Chair of the School of Science and Technology Ethics committee of Middlesex University, if required by institutional audits about the correctness of procedures. Although this would happen in strict confidentiality, please tick here if you do not wish your data to be included in audits: _____

Appendix 4 – Debrief form



Debrief Sheet



NSPC Ltd
Existential Academy
61-63 Fortune Green Road
London
NW6 1DR

Middlesex University
The Burroughs
London
NW4 4BT

Title of study:	Exploring the relational impact of CSA in the female adult survivor population in therapy; An existential perspective and phenomenological enquiry
Researcher's name and email:	Candice O'Neil co680@live.mdx.ac.uk
Supervisor's name and email:	Dr Pamela James admin@nspc.org.uk
Academic Year:	2021-2022

Thank you for taking time to participate in this research project. Your time and effort are of great value and your interview has been an essential part of the research process. You have chosen to be part of research that aims to explore your experiences of relationships in adulthood after your experience of childhood sexual abuse. The purpose of the study is to generate more knowledge about the meaning of relationships for adult survivors of childhood sexual abuse. The study was designed to provide survivors with an opportunity to share their individual lived experiences.

All the data obtained in the study will comply with GDPR and the Data Protection Act (2018). The data will be used for the purposes of the study only. The important information you provided during your interview will be held only by the researcher and stored securely on a password protected computer or in a locked cabinet in the researcher's own home. Once the data has been transcribed, coded and anonymised, the original identifying recording of your interview will be destroyed. Any identifying data such as your consent form will be stored separately from your anonymised data. The written final study report will be stored by New School of Psychotherapy and Counselling and Middlesex University for professional usage for 10 years.

You have a right to withdraw from the research process and request that your data be destroyed. This extends up until 2 weeks after this interview when data analysis begins. If you decide to withdraw you do not need to provide a reason.

You will be debriefed following your interview by the primary researcher (Candice O'Neil). She is a Doctoral Student Psychologist at New school of Counselling and Psychotherapy and will provide you with contact details of external agencies who can support you emotionally after your participation in the study should wish. You are welcome to contact her later should you wish to be signposted to further support or if you feel any further debriefing is needed. Your researcher was supported in completing this project by a research supervisor (Dr Pamela James) who can be contacted (see below) to discuss any issues should you wish. You can contact the researcher directly, should you have any questions or queries after your interview. You can expect a response within 3 working days. The researcher can provide you with the study results which will be completed around six-twelve months after your interview at your request.

Thank you again for your participation in this research and your valuable contribution to our wider understanding and knowledge. If you have any questions following your interview you can contact me as follows:

Principal Investigator:
Candice O'Neil
c/o NSPC Ltd
Existential Academy
61-63 Fortune Green Road
London
NW6 1DR
co680@live.mdx.ac.uk

If you have any concerns about the conduct of this research you can contact the primary supervisor or principal of NSPC, as follows:

Primary supervisor:
Dr Pam James
c/o NSPC Ltd
Existential Academy
61-63 Fortune Green Road
London
NW6 1DR
Email: admin@nspc.org.uk

Or

The Principal
NSPC Ltd. 61 – 63 Fortune Green Road
London NW6 1DR
Email: Admin@nspc.org.uk
Tel: 0044 (0) 20 7435 8067

Appendix 5 – Examples of Highlighting

P1 Transcript N.

P12 I CREATE THAT SENSE OF SAFETY WITHIN MYSELF + WITHIN MY SPACE IN THE WORLD

Freely

P13 I DON'T PARTICULARLY LIKE BEING TOUCHED IN GENERAL *
 UNLESS I CONSIDERED EXPECTATIONS IN RELATIONSHIP ALSO
 FEEL QUITE DIFFICULT TO NAVIGATE BECAUSE IT SOMETIMES
 FEEL LIKE I AM LETTING THE OTHER PERSON DOWN *
 I HAVE THEN HAD TIMES OF TRYING AGAIN, TENTATIVELY NAVIGATING
 THE BOUNDARIES OF WHAT I AM MEANT TO EXPECT MYSELF
 TO BE COMFORTABLE WITH + WHAT I AM ACTUALLY COMFORTABLE
 WITH *
 I MADE THE DECISION NOT TO DATE UNLESS I FEEL FULLY
 COMFORTABLE BEING ABLE TO ARTICULATE WHAT I NEEDED *

Re
 with
 +
 the
 point
 ↓

* I JUST FEEL REALLY TRAPPED * IT'S AS IF THAT I HAVE
 SOME WORK TO DO IN THAT SPACE
 Self awareness
 Feels closer connection UNATTAINABLE
 Frustrated
 "I DO FEEL MY ASIDE + LIFE EXPERIENCES HAVE SORT OF
 CHANGED, NOT WHAT I THINK I DESERVE BUT WHAT I
 THINK I AM ABLE TO HAVE
 Not worthy
 Poor self image
 PART OF ME IS FURNISHED BY THE IDEA OF SHARING MY
 SPACE WITH ANOTHER HUMAN / MY DATING *
 * THE EXPECTATION IS THAT WE WILL SHARE PHOTOS IN RETURN *
 * I DON'T DO THAT *
 * SOMETHING SHIPPED IN ME + I FEEL MORE LESS COMFORTABLE *
 WITH IT ALL (DATING) *
 * MY FRIENDS @ THE TIME WERE HAVING CASUAL RELATIONSHIPS
 + IN MY HEAD IT WASN'T SOMETHING THAT FEEL SAFE IT FEEL LIKE *

[illegible]

Social Isolation

"JUST BEING ASIDE TO CHANGE THOSE
MOMENTS"

Socially Reinforced State of Fear

"I DIDN'T REALLY FEEL I WAS ASIDE TO ADVOCATE
FOR WHAT I BELIEVED OR BELIEVED IN"

"BUT I DON'T DO IT IN A WAY THAT'S EQUIVOCAL TO
ME."

"AND SO I HAVE TO TAKE MY OWN SIDE."

Safety Network

"THU DON'T FEEL LIKE A STATE THING
TO CHANGE IN."

"I HAVE A CERTAIN STRATEGY."

"I CAN'T FIND A SAFE SPACE."

"MY INTERESTS BEING AND FEELING
REPRESENT."

~~XXXXXXXXXXXXXXXXXXXX~~

- [illegible]

NO DOWN AS SUFFICIENTLY NEWLY WHITE
ON TUNING THE WIRE LIST TO THE LIST
THEY HAVE TO BE AWARE OF THE
HARDLY IT BETTER (SINCE)

- I WILL FILE DOIT 7/15/10 TO DEPENDENT
TO LIVE CONNECTION (SUNDAY)
- I GO INTO IT LIKE A KING TO DUTY
WHAT I LEARNED FROM MY PARENTS

For Clean Poshing
X Health

- 3 Only in the last couple of years
had / able to receive / was worried

? Scissors & file

PEOPLE WORKING AS OUTRIGGER BOAT
CAPTAINS IN THE HAWAIIAN ISLANDS, NO ONE
HAD EVER SEEN THE OTHER GUY

- TO JOIN THINGS THAT ARE KNOWN AND PUTTING SOMETHING NEW INTO THEM
- SEE SOMETHING IN PAST THAT IS NOT BECOMING RISK
- I DON'T WANT TO GET MY FINGERSTUCK INTO OTHER PEOPLE
- UNDERSTAND WHAT THAT THE FEELING I'VE COME TO GET TO THIS POINT IS NOT WHO I AM
- ADJUST IN A PUBLIC MARKET DON'T GET TENSE SOLAR

Participant 4

INTERPERSONAL
ENVIRONMENTAL
PROXIMITY

- HE AND CHARLIE WHO WAS DEPENDENT ON ME (WAS)
- I WAS VERY SCARED AT BEING WITH HIM AFTER THE NORMAL (SAFE)
- I DID NOT KNOW HOW TO DEAL WITH THEM.
- SO THE OUTLINE PERSON WAS ALMOST THE INSIDE PERSON AS KILL
- AND I NOTICED I HATED PEOPLE AND
- SO WE SHUT DOWN THEN WE GO DOWN TO THE PERSON I HATED (KILL)
- SO HOW DO THEY GET THE THINGS WITHOUT THEM FOR ABOUT MY THINGS BECAUSE GOING TO PICK UP ABOUT IN KILL
- YOU HE AND TRY TO TALK TO OTHERS ABOUT THEM WITH NO EMOTION THEY THINK YOU Lying (KILL)
- THEN I TELL MYSELF THINGS I AM OVERWHELMED OR STAYING IN MY MIND IT IS ALONE I DO NOT WANT TO BE

Expressions of Set

- AND SUDDENLY I FEEL UNROOTED LIKE
SOMEBODY ACTUALLY UNWENTORED + I
UNDERSTAND MYSELF BETTER
- RELATIONSHIPS WERE BEING TAKEN SERIOUS THAT
HAPPENED EVERYONE ELSE NEEDED TO
WAGERS AT THE TIME SELECTED
- IF I FEEL OUT WITH PEOPLE IN LABOR I'D
GO QUITE BECAUSE I DIDN'T KNOW HOW TO
DEAL WITH IT
- AND LOTS OF FRANCHISES + LITTLE SAFETY
I HAD TO JUST DON MY GLOVES BECAUSE IT
WAS TOO MUCH, I COULDN'T COME WITH THE
OVERHEARD FEELING + OTHERS COLLAPSED COUSE
WHEN THE FIRST THAT I COULDN'T DEAL WITH
MY EMOTION
- I SHUT IT OFF BECAUSE I COULD TELL 'WOULD ALL
POWER MY TRAUMAS BUT I WOULD NOT EXPERIENCE
ANY EMOTIONS IN RELATION TO IT
- I DID SPEAK IN A CERTAIN WAY I DID GIVE
PEOPLE THAT PERMISSION
- I WAS FIGHTING, BUT BECAUSE THAT I HADN'T ALLOWED
TO SEE + HOLD / SAY MYSELF
- TO CLAIM MY POWER MY TRAUMAS MY
MYSELF
- I CAN'T DENY, EVEN + BE A BETTER PERSON
UNLESS SOMEBODY CAN'T ALLOW TO BE
HONEST WITH ME
- THAT WHEN IT WOULD TO FEEL MYSELF THEM-
IN SOMETHING THEY ARE + I DON'T UNDERSTAND
THAT ONE DAY THE ALGERIA NIGHT TWELVEN
OUT
- I'D IF I HADN'T THEN I FEEL LIKE
I HAVE TO BE THAT PERSON
- I'D TO PLANT LINE LET IT OFF BECAUSE I
DON'T WANT TO EXPLAIN
- THEN YOU SAY ME THAT I DON'T THINK I DON'T
WANT TO HAVE TO EXPLAIN WHY I HAD
LINE THAT EVENING
- I WILL GIVE AND I WILL NOT ALL OF MYSELF
I WILL NOT GIVE MYSELF ALL OF MYSELF

SAFETY FEELINGS

- "BEING OPEN INVOLVED TO THEM PEOPLE + THEN THOUGHTS GO IN YOUR FACE"
- "GET MY EXPECTATIONS TO WHAT SHE THEN IN OTHER PERSONAL GET DOWN"
- "I THINK SHE AND COMPANY WERE I DON'T FEEL SAFE TO HAVE CONVERSATIONS OR NOT INVOLVED WITH"
- "I HAVE SOME FORMS WITH A LONGER OF IS OTHER THEN THERE ARE BEING"
- "HAW'D YOU WERE? AND ID JUST COMING"
- "THAT'S A VERY FEELING KIND OF LAUGH"
- "I THINK AS LAUGH WITH OTHER PEOPLE SO I THINK ALSO FOR SOME AS WELL, I GUES I THINK WHEN I'M DRAWING WITH PEOPLE"
- "I THINK REALLY HARD TO PUT BRANDED UP WITH PEOPLE BECAUSE THERE'S LAUGH A FEELING THAT GOES ALONG THERE"
- "IT HADN'T LIKE LOVE THAT WAS KEEPING US TOGETHER CAUSE IT HAD QUITE PROBLEM"
- "I THOUGHT IF I WENT WITH HIM IN THE HE WOULD HAVE IN SOMEONE HAVE ANOTHER"
- "I CAN BE TRUSTING VERY VERY LOVE SOMEONE SO I CAN LOVE THAT WITH IT'S SOMEONE"
- "I HAD ALWAYS ONE TO GIVE SOMEONE THE BENEFIT OF THE DOUBT IF SOMEONE THAT LOVE I REALLY WITH I DON'T"

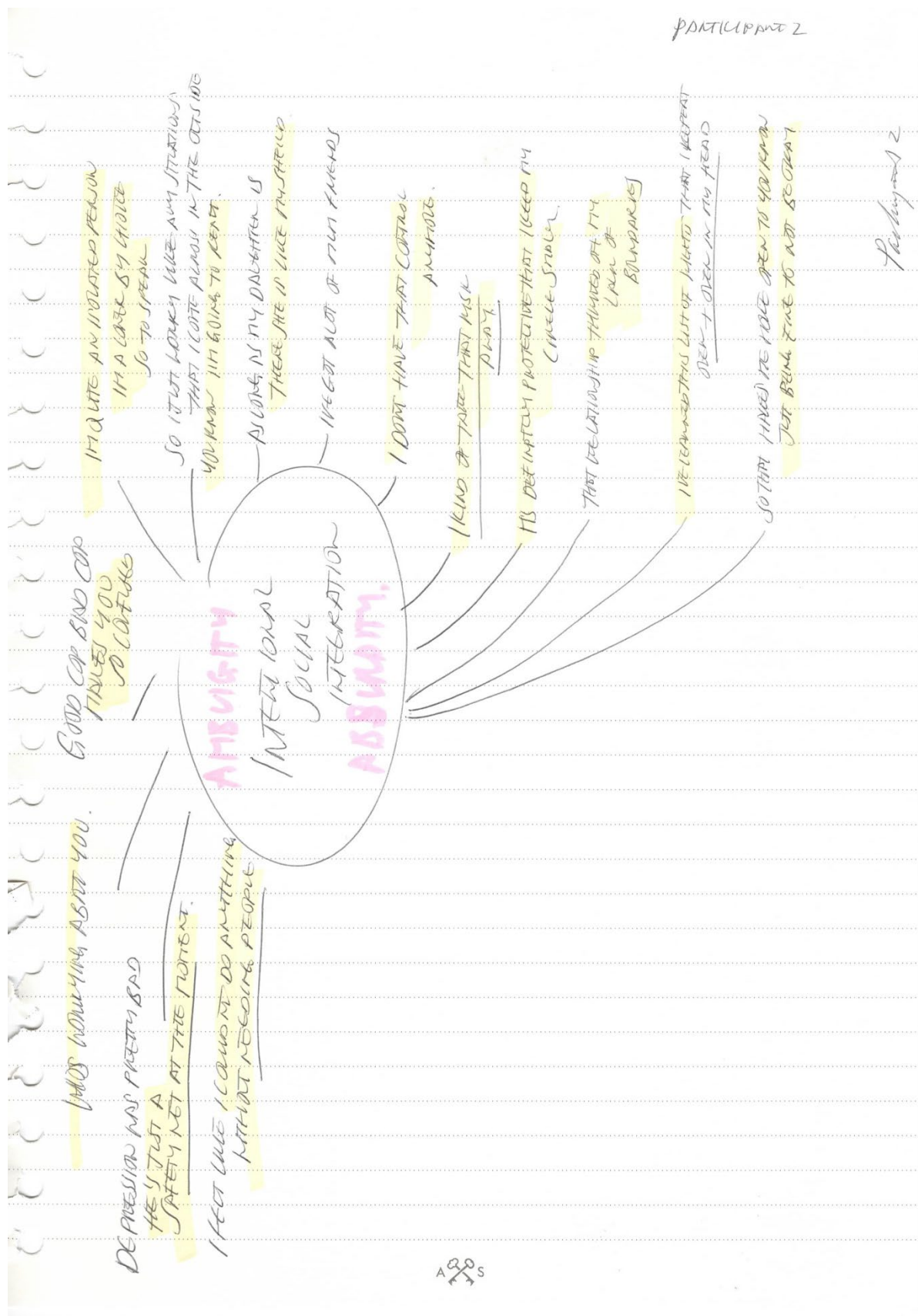
SOCIAL INVOLUTION

- "WHEN I WAS ARROD THERE WAY, I DIDN'T FEEL LIKE THERE WERE ANYONE"
 - "I THINK BEHAVING IS SOMETHING IN MYSELF TRYING TO WORK ON MYSELF"
 - "I GO THROUGH THE THINGS SPAN OF SELF DUST"
 - "I FEEL LIKE PUTTING A STRONG UP CAN BE SOMEONE ELSE"
- Participant 6**
DOWN THE LINE
OPTIMISTIC STATE
- "KIND OF AM OF US HAND BEHIND FOR EACH OTHERS PERSONAL FEELING"
 - "I THINK PART OF A REMIND LAST THING"
 - "I FEEL QUITE SOMEONE ENJOYED FROM BEING AROUND PEOPLE ALL THE TIME"
 - "I AM PERSONALLY SATISFIED WITHING TO FEELING"
 - "HATE ABOUT THE BEING"
 - "I'M MYSELF IT WAS YOUR FEELING VERY MUCH"
 - "THE DANGER WITH MEAD WAS LIFE LATE"
 - "LIFE A LOT OF BATTLE WITH MYSELF LATE IN LIFE"
 - "I HAVE ALL THE TIME TO DO WITH"
 - "I HAVE THE KIND OF ANOTHER, I GUE SOMETHING I LOVE CAN WITH MY THINGS"
 - "I'M SUCH AN ANGRY PERSON, I ALSO HAVE CONFLICTS WHICH IS SOMETHING THAT LOVE"
 - "FEELING FEELING PEOPLE OFF"
 - "I FIND IT IS SOMEONE TO THINK THAT PEOPLE ARE JUST COMING & GOING, THAT POOR GUY IS SO FEELING OUT ALONE NOW"

ACTED EXPRESSIONS OF SELF

- "ON SELF EXPRESSION"
- "I FEEL LIKE A TIGHT COORD TO ONLY"
- "THE FIRST IMPORTANT THING FOR ME IS IF THIS PERSON CAN HELP PEOPLE DOWN THE LINE"
- "IT CAN HELP PEOPLE DOWN THE LINE"
- "IT DEPENDS ON MY FEELING, FROM BEING OF CONFIDENT FEELING"
- "I FEEL SOMEONE FEEL REALLY EXCITED TO HAVE THOSE DIFFICULT CONVERSATION WITH THEM OTHER AND LATELY CAN YOU KNOW"
- "IT'S REALLY IMPORTANT TO ME TO HAVE SOMEONE TO BE SURE"
- "I CAN FIND IT REALLY EXCITING ON THINGS ON MY MIND. THINKING THAT I FEEL LIKE IN SOMEONE I FEEL QUITE RELATED + FREE"
- "I GOT INTO A SITUATION OF TALKING TO SOMEONE, I FEEL LIKE TO TALKING WITH MY FRIEND"
- "ANIMATEDLY ID DEFINING THING OF WITH OTHERS THINK AS WELL"
- "I FEEL REALLY CAN BE ASSET WITH PEOPLE WITH"
- "THE SHAWER MENIRED FROM MY LIFE CAN BEHOLDEN THEY STARTED AFTER THE FEELING MORE"
- "IT WAS AFTER THAT THE SHAWER WERE COMING IN MY LIFE"
- "I DON'T WANT TO HAVE ANYONE ELSE IN MY LIFE"
- "I JUST LIKE A FEELING PERSON. KNOW THAT"
- "IT'S LIKE SOMETHING FEEL SAME I HAVE TO ENJOY MYSELF"





PARTICIPANT 2

Participant 2



ПРОМЫСЛЕН

Participant 2 ~~██████████~~

Authenticity

Theme Socially Hidden Self

- * - Grounded in ability to feel safety as tangible thing
- Heavily dependant on perception of the other
- ↑ self awareness (positive and negative traits)
- Desire for acceptance motivator for leaving in and out.
- Control sought for safety in engagement
 - Concern for others rights as well as own

Participant 2

- Intentionality or Intentional Social Integration.
 - reasons for relational engagement.

- Socially moderated Self

- Attendance to self

- Self and others

- Safety seeking

- Social determinants of normalcy

- Pathways to recovery

Chaos → Social moderation → Authentic attendance to self

Anger

(Includes integration of parts of self)

↓
Pathways to healing
? Non linear

Safety seeking
Socially moderated self

Appendix 7 – Anonymised transcript

The interview begins after the assessment of any current psychological distress, confirmation of consent and participant confirms she meets inclusion criteria.

R: Can you tell me why you were interested in taking part in this research?

A: Um, yeah. And I'm not really, I'm not actually worried about any of it. Like I've, you know, I've done Police interviews in life. I've done, like I've dealt with this stuff in therapy to an extent. So it doesn't concern me. And then I also do speak to a therapist. So as in I have support in place, it doesn't do you know what I mean? It doesn't bother me.

R: Can you tell me about your social relationships?

A: Um, do you mean in terms of friends and what I do in my free time?

R: Yeah. Who does it consist of? Um, who does it include?

A: Who? Sure. So world, um, my social world predominantly, uh, so I sing in two choirs, um, quite different choirs. Um, some of the people from those choirs I'll see separately to the choir. Um, I regularly see friends. I don't know some of them are from school. Um, most of them are from my adult world, I would say. Um, um, I see friends in person, maybe just trying to think about my week, other than quiet, maybe two or three times a week.

A: Mm. Um, at the moment, I think it's maybe twice a week actually. Um, what else? I speak to friends every day on social media. <laugh> um, I don't know, like, I dunno, like, obviously I'm at work most of the time, but, um, I, I have colleagues that I would consider friends as well and colleagues that I see outside of work. And, um, uh, what else? I don't think I do. I isolate, I need time to myself to recharge, to self-reassure, but I don't cancel social plans for example, last minute or not show up to things or yeah.

A: Is that what you want?

R: Yeah, that's great that that's given me a lot of information actually. And it sounds like it's really important for you not to cancel. What does it mean for you to keep those, um, those arrangements?

A: So I think like if I'm really not, well, then usually I'm modified the plan. Um, I generally have people in my life that are okay with that. Um, and also I don't tend to plan things that I hate. Like I don't do clubbing anymore. I used to find it really overstimulating years ago and I hate it. So I don't do those things. I don't travel to XXXXXXXX to go to events. Um, if I choose not to do this particular thing, I'll arrange an alternative thing that I can drive to that's closer. So I won't not go.

A: I just respect my boundaries. So what does it mean to cancel those plans? Um, I think sometimes there is that fear of rejection and abandonment that can come up. And, um, also the feeling of, I don't want to let other people down in a way that I've been let down, but I think it's also not letting myself down because I know that I benefit from those connections. Cause I'm selective about who I allow in my life.

R: Yeah. And I get a strong sense that you cherish those connections that you have (the choir) you know, you, you talked about work connections, friends, like, it sounds like you cherish that and it's really important for you. Um, which leads into my next question of, can you tell me how you describe those relationships? Um, yeah. How do you describe them, um, throughout your life and to this point, I guess. So looking back from childhood to now.

A: Yeah. So I think, um, as a child I made friends quite easily. Mm-hmm <affirmative> but I also think that sometimes it felt, I think I still had this feeling of being on the outside, but not, I was never really on the outside. I was always included. I just felt different. I

think. Um, and as a child, I couldn't necessarily articulate that. Um, and as a teen I could articulate that, but then it was quite often kind of like I was hushed as in, you know, we love you, we care about you You're okay. Um, <laugh> and to be honest, I had to self-reassure a lot of the time. Um, what does it look like now? Um, how would I describe them? So some people I would consider, um, I dunno how to answer this question. I suppose, the best way to explain it is like I can consider, I consider myself quite loyal.

A: I do love fiercely. Um, I try to be really mindful of boundaries as well. So just because I feel things intensely and I don't mean in terms of declaring my undoing love to anyone. This is not it. Um, I mean just, um, like sometimes I know that I will cycle through however many feelings in a day and actually the reality is, is I can't and I don't ever expect anyone else to reassure me on every moment that I have an intense feeling, but it's almost sometimes like, I feel like I need to moderate that because not everyone else feels the same, like the world is intensely.

A: Um, but that being said, there are friends that I can be fully honest with and I am fully honest with. And, um, um, I would say that some of my relationships almost feel a bit intense, but not all of them and not all of the time.

A: I think they're actually quite normal, whatever normal is. Um, yeah, I don't know, but I do, I do definitely experience that feeling of, um, what if I'm annoying this person and the reality is, is if I flip it around and if I look at, if someone behaved that way with me, would that be fine? And it would always be too, it would be totally fine. Um, and so I think I'm quite mindful of, I don't know, I think, and I think a lot of it has to do with actually how my parents are with me as opposed to the other abuse stuff. I don't know.

A: Um I was hushed... you know we love you but enough of that.as for my father me acting as if me being happy or anything other than neutral is too much. Like I wasn't significant enough. So I think there's always a fear that if I take other parts of myself into the world it would be too much for other people

A: Um, but again, that's not the feeling I get from most people. Um, and then I think the other thing is you asked me about relationships throughout my life. Mm-hmm <affirmative> um, there have been times when I've had this feeling of, I haven't kept all of my friends from the whole of my life. And there are times as an adult that that's felt like evidence that either there's something not right with me, or I'm not unlovable or I'm too much for people, I need to moderate but the reality is, is people can't handle me as I am. And if I don't think I'm intense all the time then it's okay.

A: Um, as in, and, and also to recognise that we all are different stages and we all need really different things. And actually I wouldn't have time for all of those people. And if I had all of those people, I wouldn't have the right people in my life at the moment. So, um, I dunno, and I think it's normal. I think we just don't talk about it. I dunno.

R: What a fantastic answer you've given. Thank you. I sense that you are so introspective as well, that you give so much thought to this, which is great. You know, you really sound like you are trying to understand yourself in these friendships and these relationships with people. Um, you mentioned you felt different in childhood, and I wondered if that feeling, you mentioned how you feel a sense of "I have to moderate my feelings day-to-day". Does that relate to that feeling different? Or is that something that you don't experience now?

A: As a, um, so I think as a child, I think I felt it more in terms of just being aware of parts of the world that other people weren't. And I wouldn't have been able to put my finger on

it. Um, and I'm sure that some of my abuse definitely made me want more aware of, I suppose, the potential for harm. I dunno how to explain it any other way or just being unsafe in the world. And I know that as a child, like I feared things like, like massively feared things like losing my parents.

A: And I remember as a five year old feeling that, and, and I had this feeling at the school gate, my mum had dropped me off and I just had this feeling of why is no one else panicking. Their parents are going to die one day. And I can't explain why that really, really freaked me out as a child.

A: Um, and that there were other things I think also I, um, my parents are Indian. I was born in England. Um, they speak perfect English, they speak multiple languages. Um, and you wouldn't, if you heard them on the phone, you wouldn't hear them as any different. So there was not very much that was massively different about me, but I did speak good XXXX as my first language. And I learned English at school and I didn't have any special lessons. I just learned English from being at school. Um, and so I think having a different cultural heritage possibly contributed as well.

A: Um, because I was at, I dunno, educated amongst middle class Caucasian individuals. Like there was no ethnic diversity and I think it was only like, as I was in year four or five, that there was another Indian girl and her sister, I think it was maybe year three that, um, a girl from, I think her family's from the Caribbean originally.

A: And then, um, yeah, only one only one, um, person from that demographic. And it was obviously all girls I say obviously, but, um, yeah, so I think my ethnic, like my heritage also played a part in that. Um, and also my family expectations were quite different. So I think I was also quite aware of what arranged marriages were like, and that freaked me out as a child. And I was like, what if my parents don't make the right decision for

me? And so I think being worldly wise in a way made me feel different because they weren't necessarily things I articulated as a child, but they were things that I was aware of that felt scary, but they weren't, I was really aware that they weren't fears that other people had.

R: Yeah. And I guess what you are describing is some powerful emotions that you were quite strongly aware of, even at a young age and yeah, I guess that's, you know, we, how we process those and how we make sense of them as a child, it can be different from how we make sense of them now. And from that, I'm wondering, um, how you would describe your friendships and loving relationships now. Like how do you describe them in adulthood?

A: Um, how would I describe them? Um,.

A: Not sure. It feels weird because it's almost like describing a person. Um, I would say they're fulfilling, um, they're nurturing relationships. There are definitely people that I care about a lot that I see far less often than I would like to mm-hmm <affirmative> um, uh, but obviously we all have different lives and that's it's okay. Um, how would I describe them? Um, I feel like they're a lot better matched to my needs now than my earlier relationships.

A: Um, cause I think again, when you're a kid, the idea is, you know, you invite everyone to your birthday party and then if everyone doesn't like you, then there's something wrong with you. And actually that's, you know, that's not how the world works. Um, so yeah, I would say they're kind, they're fulfilling. Um, they're erm honest. The majority actually, all of them are really honest. Um, to circle back something you said earlier, they are really valuable to me.

A: Like I do cherish them. Um, they are really valued. I wanna say valued parts of my life.

Um, I think the relationships of my life are one of the, um, most important, the most important elements of my life, if that makes sense. Like work's obviously important, but I think the impact that I can have on other human beings and vice versa, I think relationships are the most significant part of my life. Um, I dunno, how would I describe them? Yeah.

A: I think if I had to choose a word, probably loving like the, I don't choose to have people in my life that are, you know, on the cusp of it. And I've had to again, do a lot of soul searching, especially since I got COVID in 2020, you don't need to know my whole life. But, um, I recognise how isolated I felt. Um, cause I nearly died. You know, I was really ill. I was ill for about five and a half months. At least I had to take that time out of work. And even when I went back to work, I was still ill, um, for about a year and a half.

A: And so wow. And so that felt isolating in itself because even though I have people that love me and care about me, it was still in my head. Like why aren't people panicking more and why aren't people sending flowers and cards. And again, to be honest, if people were more intrusive and on it about how well I was that would've also felt overwhelming in terms of having to respond and say, thank you. And again, I had more than enough support. I think in my head I was like, am I not? I thought I wasn't significant enough, but I think it felt like it was a battle that I was fighting on my own in some ways. Um, yeah.

R: Was, cause you mentioned the word fear as well earlier, do feel think there's the, the fear of the COVID and how that will play out, but was there a fear in relation to your, um,

relationships, your social relationships, living relationships when you had COVID, was there a fear associated with that as well?

A: You mean in terms of friends not being my friends?

R: Uh, yeah. Well, yeah, just generally.

A: Um, I don't think so. So I know that one of the people that I see most often, one of my closest friends, I know that she was very, very worried about me. And so I know that I tried to filter, I did my best to filter things if I was speaking to while I was in the hospital, for example, but there were times when I couldn't temper how I felt and I would, you know, I can't not cry if I'm emotional. Um, but then I think, um, so sometimes there is the fear of worrying people and the fear of being too much for people.

A: But then the reality is, is there was only one friendship that kind of dissolved in that time. And that was to do with someone who I'm assuming was dealing with her own version of her fear in relation to COVID she'd moved out and was living on her own.

A: And so she was dealing with her level of isolation and again, a lot of it was her stuff, but the way that she kind of put that out to me, um, was quite difficult to manage. So I had a conversation with her maybe January last year and it was along the lines of, so I'd taken her for a walk in the blue bells, um, cuz I live opposite the woods and um, she wasn't really out and about much and it was a really nice chat. She told me about how she'd thought her own support and was using music as part of her therapy and um, kind of sharing strategies.

A: And I didn't really share anything difficult. Um, cuz I don't, I do when I need to, but it doesn't feel like I need to share like my health stuff all the time, but I had a conversation with her a few weeks later.

A: So that first conversation was fine. It was pretty much about, mostly about her mm-hmm and then the next conversation was she asked me what else I'd been doing other than work. And at the time we were still sort of in lock down and the conversation was around, oh, we're still singing in the choir, but it's not, it's just not the same because I said, I'm recording in the bathroom with a device to listen to the music, a device with the music in my ear and a device to record me. And I said, I'm really grateful that I still get to see my choir on Zoom every week for like 10, 15 minutes for a check in.

A: But I said, it's not the same as singing with them in person as doing all of the singing in the bathroom and recording it and sending it. I said, it's just not the same. And she said, you're always so negative. And when I speak to you you're always really negative. And actually I think I'm honest, but I don't think I tend to veer towards a negative. And um, my natural default I've always seen as positive, but I see some of my traumatic stuff as stuff that kind of challenges that sometimes. Um, and I recognise that in that moment when she went into the, you are always really negative mm-hmm. I recognised that it wasn't really about me. Um, but it was a really painful conversation because she said she, she said all of that and then I kind of tried and it was, it was really uncomfortable.

A: And so I kind of changed the conversation. We talked about her a bit more and I don't really talk to her since then. And then she posted something on Facebook, bloody Facebook, part of my language. It's both great. And a nightmare. Um... I agree, but.<Laugh>, and there was just so much toxic positivity and it was just a massive essay by massive essay. I would say like six paragraphs, um, about how, you know, people can call people can arrange chats to constructively manage solutions to their problems, if they like, and from now on call her the positivity fairy and the queen of

positivity and nothing but positivity. And I, and um, a part of me took it to be about me and then another part was like, it was nothing to do with me.

A: It just happened to be posted like a day or two after I spoke to her. I think she has chronic fatigue. I want to say. Um, no she does, but she has it as part of lupus. Um, but it's rare. She's well controlled. So she has her own bubble that she'll complain to about her joint pain, her skin issues, her fatigue, whatever else. And it'll be purely about her health stuff and modifying her life for her health. So I could see that she already had her support bubble where she got to complain and be honest.

A: So in her head she didn't have capacity for anyone else's stuff, but she made it about anyone else in the scenario. I dunno how to explain that better. Um,.

R: No, I think you've explained it really, really well. And what stands out for me is that you, you look at these situations from everybody's perspective involved. So you're considering her perspective in yours. And I guess I'm concerned with how, um, that only you've already articulated it to me quite well, how that was for you, for somebody to say that to you. Um, which you've already explained, but I guess now keeping it in the here and now, how is that friendship has that had an impact that situation where she said, you know, you are always so negative. Yeah. How do you make sense of that now? And that friendship generally, I guess?

A: Um, so I think that conversation itself, and I can't remember what else was said. And um, I think a part of me just went into, I know we talk about trauma responses. It feels like the buzzword of the world, but I definitely went into a response that kind of, I kind of cut off from it in a sense. And I just felt, I know I felt devastated, but beyond that, I didn't, um, at the time I felt devastated and um, it was the fear that there was something wrong with me and that other people felt that way, but weren't telling me, so I actually.

R: That more broadly than that feeling, is that what you're saying? Is this something challenging or I, I want to cut you off applied that to other friendships, would you say.

A: Yes. So I think when I had that conversation, it then made me think, am I then too much for other people as in like, and are they not telling me and are they going to behave the same way as she did? Um, in terms of that particular friendship, I was fully okay with not having it anymore because, um, if that's her, if that's her distress tolerance level capacity, whatever we call it. Um, in terms of me just saying I'm finding it hard, not to be able to sing with my choir in person, if that was too much for her.

A: I mean, I talked about nothing other, other than that as the negative part of the conversation, I didn't talk about my health at all. Um, then she's not someone that's for me. Like that's not normal that whatever normal is, that's not a healthy response.

A: I did take it to, uh, get it. It wasn't, it made me reflect on, okay, am I too much for other people? Do I overshare in terms of health? Is that a problem? And then it did make me realise that actually her behaviour was not a good example or reflection of how I interact with other human beings. Like it was a her thing and not a me thing in a really simple way, but it did definitely make me reflect on, oh God, what if other people feel it the same way about me? Um, and to be honest, I've just had to work hard and just recognising, but people do choose to stay my life. And they see me at darker moments in terms of health wise. And, um, they know a lot more about me and they know a lot more about me day-to-day, but they still choose to be in my life.

A: And so I think I've again, just had to trust that the people that are meant to be in my life will be in my life. Just to be able to share those moments.... And, um, that she was just a human being that was there for a season. Um, she was having a hard time maybe six months ago and I was feeling really isolated. And so I sent her a message privately just

to say, saw your post hope you're doing okay. Um, I know you're not driving much now that I'm more well, cuz I was more well from COVID. I said I'm more than happy to come and arrange to be socially distanced and go for a walk on the beach and have a picnic or something.

A: Um, and she was, she was of like, that would be nice. Um, and she never got back to me and I didn't push it. And the way that I looked at it is I showed up in love. I didn't let her behaviour change me. And if she wasn't, again, I shouldn't take her inventory, but if she wasn't ready to look at her own stuff and grow, then that's not a me problem still. So yeah, I showed up, I, I didn't allow her behaviour to change how I chose to show up in the world.

R: Wow. This is really powerful stuff. And I feel like you, you learned from that situation, you learned about yourself, you learned about others. It feels like it was significant. Would you agree?

A: Yeah. And I'm, and I think the other significant thing is that I'm so okay with her not being a close friend. Mm. Cause I have other friends that I can speak to. And I know that, I dunno, like I don't, I don't need everyone to be in my life forever for it to be okay.

R: Absolutely. And that leads really nicely into my next question. Um, and you've probably articulated this really well already, but um, how do you feel about your interactions with others and how they affect you? You've given me a really good example, but just more generally in your work relationships. Um, cause that's the social relationship obviously and in your other friendships, how do you feel those interactions with others affect you?

A: Um, how do they affect me? So I think I can sometimes find particular interactions, quite affirming. Um, because I think I do have this. I don't know how I don't wanna say

program it out myself. I was gonna say, I dunno how to program this out myself. I don't need to be reprogrammed um, the feeling of how does it affect me. So the idea of sometimes I feel like I sometimes might value friendships more than they're valued from the other side.

A: Um, and not really being sure of how other people feel. So, and I think, again, the truth is, is I can't know how other people feel and I can't know what other people think. And I, it's not really any of my business either, but I think, um, how do they affect me for the most part? Um, I think there are the odd social interactions where, so there's a particular friend of mine. Who'll be like, you're being really loud in this restaurant. I'll be like, okay. And then I carry on being the same volume. I'm not actually really loud most of the time. Um, again, I don't, uh, there are times when I've felt like, oh God, is it a thing? And no one else is telling me. And then I've just realised it's just a thing for her. And I'm probably fine perhaps it's alright?

A: So the really mundane things like going over to my friend's house and sitting, having dinner with her, sometimes her husband will join. Their kids will come down, get their dinner and then run away again. They're teenagers, they don't eat with us. Um, and just being able to share in those really like normal moments of watching TV with them, and then he'll go get chocolate orange and be like, no, have some.

A: And I'm like, no, you can have my share. I'm okay today. Thanks. Um, and just sharing in those things is really beautiful. So I think I find it really rewarding in a way, which sounds really trite. Um, um, but I do think that on the flip side when people cancel, um, I think especially if I'm having a difficult time, I think I struggle with reminding myself that it's not because they don't love me or care about me or value me because my immediate response is to feel rejection and do they actually have, they actually had

enough kind of feeling. Um, and so as if I have to talk myself down and I don't then seek external validation for that, I work out for myself. Mm.

A: Okay. I will sometimes talk about it again. I, like I said, my relationships tend to be quite honest, so the next time I see them or talk to them, I will say, like, there was a strange part of me that felt like you just didn't wanna speak to me.

R: And is it important for you to be honest and to be open and to have that sort of shared sense of, is that the word I'm looking for? Is that really important? Because I hear that in the experience you described with your friend, um, who talked about situation um, I get such a strong sense that you are looking to have a real shared, uh, back and forth for, you know, a very equal relationship.

R: Is that right? You want to give as much as you can, but you also want that back. Would you agree?

A: Um, I feel so, I do think that in some relationships, the balance can be slightly different and I'm also okay with that. Um, and I would also add to that, that I appreciate that sometimes those relationships will be different at different times. So as in the hope is that we're not all drowning at the same time. I'm really aware that there's a lot of work I need to do in order for relationships to feel safe. So sometimes my friends will need more support from me than I will need from them at specific times. And I think I've also recognised that especially in the last two years with my health being so precarious, I've sometimes needed more support on the base of the fear of dying. I spent, like I was in hospital seven or eight times in, um, and the amount of like IV scars I have.

A: Um, yeah, just, I suppose some of that fear was really big and I did manage some of it in therapy. I managed most of it in therapy, but there were times that obviously I can't be in therapy and my therapist can't reassure me in those moments. Not that I'd expect her

to. And so, um, I think there are times when I felt like I've needed more, but then that being said, I would always ask people how they are and ask them how they really are and still hold that space. Even if I am someone that's bawling their eyes out and just needs a moment. Like, so do I expect like that balance at all times?

A: No. And if a friend can't give that. So for example, if a friend isn't, doesn't have the capacity to hold space for certain parts of my being, um, that's also, okay. That doesn't mean they don't get to be in my life. They just get to be in my life a bit differently or a bit less often. Um,.

R: Yes I understand.. And you mentioned space and there's a concept that we use in therapy called a brave space. You might have heard safe space. We use the term brave space now. And I wonder how you feel about that. It's about feeling able, as I say, to be honest and open with people about how you, how you are, you know, we can sometimes be quite visceral. Can't we? And a little bit superficial, I mean, and say, how are you as a greeting, but do you feel like you give and receive a real, how actually are you, you know, do you get that?

A: Um, so I know that I almost without fail in every interaction, if I ask someone, um, I will make sure I wait for that response. Um, and even at work actually, and even at work, sometimes I will challenge. I won't generally challenge in front of other people if there's more than one person in the conversation. But if it is someone that I've known a while that I can sometimes tell is having an off day, I will, I will ask the question again.

A: They'll be like, yeah, I'm fine. And I'm like, no, really what's going on? Um, so I think I tried to, yeah, I tried to make sure I hold that space for honesty. And I think I also model it at work to an extent like there are really, I don't talk to everyone about the nitty gritty of my mental or physical health, but I am still open and honest enough to have

conversations where I'll. So for example, with mental health awareness week, I send out, um, an email to do with the resources within the XXXX. I work for a XXXX within the XXXX and also outside of the XXXX and I just called it. It's okay to not be okay. And then loneliness, cuz that's the theme for this this year. And then like sign pace is different things. And then it within it, like, and this is sent to like, I dunno, near 300 people and within the body of the thing I just said, you know, it's and then part of my email was to do with, you know, you are loved, you are valued, you matter and you don't need to be on your own.

A: And I get that. That's all like fluffy stuff, but I work in corporate environment. This is between us. I work for XXXXXXXXXX. It's corporate, it's corporate, but not corporate, but at the same time I feel okay enough to bring myself into certain spaces if it can help others, but I don't do it in a way that's exposing to me if that makes sense.

R: Yeah. It sounds like you are creating a brave space, but within your boundaries and what you're comfortable with and you are facilitating that, but within what you are happy with, does that make sense? So it's all negotiated by you, you know, you just said only with what I'm, I'll only share what I'm comfortable with. I'll only, but I think it sounds like you have an influence as well in your position at the bank of being able to share that sort of, um, information with them, which can only benefit, um, the workforce.

R: So yeah, it's really powerful stuff. It sounds like. Um, the other thing I wanted to ask you, um, is can you tell me if you have any like loving, romantic relationships? Um, what if you have a history of loving, romantic relationships?

A: Um, at the moment I don't, um, I have dated in the past, um, I think I'd made a conscious decision around this. Um, God, this is a loaded question. This is gonna be another long answer. So that's. Really good. Really good. Don't. Me. Um, let me think back. So I

haven't, I haven't the last person I dated was last year, so before Christmas, but before then I think I hadn't dated for maybe, I dunno, maybe like six years, no, four years, maybe four or five years. I think the main thing was in that space. So especially within the last decade of my life, the decision has been to kind of work on my stuff more.

A: Um, so that I can hope to create that sense of safety within myself and within like my space in the world.

A: Um, and again, I know that we're not here to talk about my trauma in any kind of detail. I rarely talk about it at all, but I had childhood stuff mm-hmm <affirmative> and. And I'll be honest, that's a whole other story, whole other thing.

R: Yeah. Okay. You've done so well. You've, you've really answered my questions in, in such a fantastic way. Are you worried about your long answers, but that's, that's great for me, you know, I've got such a sense of you within your social relationships. Um, really well done. You and yeah. Trying to let's look at the questions and see if there was anything else that really stood out because you did give me such rich answers, really deep answers as well.

A: But you'd asked me about my romantic relationships. Yeah. Um, and I don't think I answered that question for you. OK. Yeah. OK. Well, I don't have to, but you asked me that question. Um, so I think like the first time I was asked out, I was maybe about 10 and then, you know, you were giggle about it. Um, and obviously I didn't date that person. Um, I think the first time I then dated was maybe when I was 16 or 17, um, I think I felt out of place and I felt, I dunno how to explain it.

A: I think, um, again, I know this isn't really entirely your question, but I think in terms of some of the intimacy and relationships, even holding hands with people, like I don't particularly like being touched in general. And so for me, I think the, whatever I

considered expectations in a relationship also felt quite difficult to navigate because it sometimes felt like am I letting the other person down?

A: And actually as an adult, who's then dated say then again, in my twenties, um, I have then had times of trying again, mentally navigating the boundaries of what am I meant to expect myself to be comfortable with and what am I actually comfortable with. I didn't feel I was able to advocate for what I wanted. I froze in certain situations, I couldn't find a safe space. And, um, I think that's why, um, I dunno, late twenties, I'm 32 now, late twenties. I made the decision to kind of not date unless I could advocate for what I needed.

A: And it was something that I wanted. Just to be able to share those moments, like a relationship that I wanted to be in rather than a relationship that I thought I should be in because obviously in Indian families, by the time you're like 24, 26, you are, you should have already had your kids, had at least one child and been married for a couple of years and um, and I'm not, and I'm okay.

A: I'm so okay with that. Um, so I think certain elements for my romantic relationships I've enjoyed, but I think more than anything else for the most part, I've just felt really trapped. I wasn't able to advocate for what I needed. And that's not really fair on the other person. Like I have, I'm really aware that I have some work to do in that space. I think I'm also really aware that it's okay for me to not want what other people think I should have. Um, but I do feel like my abuse and life experiences have sort of changed, not what I think I deserve, but what I think I'm able to have, um, in a way that feels comfortable for me.

A: So the idea of I bought a house in the last, nearly two years ago, I haven't been well enough to move in. I have tenants in there at the moment. Um, but there there's a part to

me that is horrified by the idea of sharing my space with another human or if I was to date, then the idea would in my head is like we can buy another house and share that house.

A: And then this is my house. And I think I'm still in a place where I feel like I really just need my own space, a safe space and I need to work out what I really need. Um, but at the same time, I've, um, dangerously, dabbled in a dating app. I say, dangerously, it's not really dangerous at all. Um, the amount of photos I've seen that I don't wanna see that I have not asked for. Interesting for sure. Um, but again, like I'm quite good at managing my own boundaries and not so, and it's almost of the expectation is that you'll share photos in return and I'm like, no, I don't do that. But thanks. So I'm so okay with that.

R: That was my next question, actually, Amber, because you mentioned some really interesting words there, dangerous horrified and trapped. And do they relate to your sense of other people's expectations of you in those relationships?

A: Um, I think so. Um, so, um, let me look at this way. So when I dated, when I was 17 or 18, and this is obviously after the childhood stuff.

A: I didn't feel trapped and I was happy to be dating. And then when I went to university, um, something shifted for me and I don't really know what it was, but I felt a bit less comfortable with it all I suppose. And I think again, I think it was the idea of so many of my friends at the time were having such casual relationships or casual things with people and in my head that wasn't something that felt safe, because it felt like that wasn't then a space that I could navigate. I'm really aware that there's a lot of work I need to do in order for relationships to feel safe

A: What felt safe for me in terms of speaking up and saying actually, no, I don't really wanna do that. Thanks very much. Um <laugh> and um, again, you know, expectations and not, and not wanting to, I'm really aware of that part of me at university that was like, I wouldn't want someone to feel let down or rejected or I don't really know. And so in my head it was like, it's better to just stay away from that. And I had enough like propositions and people that mm-hmm <affirmative>, um, that were interested, but I think there was something in me that was like, this doesn't feel like a safe thing to engage in.

A: And then, um, um, what else, what else I'm trying to think back? Um, when I entered the world of work, I, um, so in my final year university, again, I know you haven't asked me about this, but it does impact why and when I have dated and how it's felt safe, um, I was assaulted by someone on campus and I don't really know him very well, but it meant that I was then uncomfortable, um, letting other people into my space.

A: So I think a lot has to do with being retraumatised at different times as opposed to just the childhood stuff impacting now. Um, and then I came home after I finished my degree. Um, and then I was assaulted by a stranger after a 12 step meeting and that involved the Police in hospital and clinic appointments and lots of tests and all of that stuff. So I think.

R: I'm so sorry to hear that. I'm so sorry,.

A: Yeah. And I appreciate you didn't ask me that, but I also am aware that you are probably okay with hearing that I haven't been specific if I was talking to friends, I would obviously ask them if they, you know, if they're available to hear some of the stuff I'm quite mindful of that. Um, yeah. So I think answering the question about dating, feeling

safe, I think it's hard to answer that question without explaining that context. Um, but I do think that the childhood stuff definitely, um, coloured how I felt later in life.

A: And so there's someone I dated about 10 months after I was assaulted and it was okay enough, but I recognised that in that situation, um, I didn't really feel like I was able to advocate for what I wanted or needed and it was, and it was also, I had a response in terms of, I froze in a certain situation. I couldn't necessarily articulate that I felt that

A: So I couldn't necessarily articulate that I felt that I really didn't want that particular situation, but I also am really worried. There was a, there was a part of, um, there was a part of again <laugh> I feel like you haven't asked me this, but I dunno how to answer it without going here. So there's part of when I was with him that I completely froze and I was there, but I wasn't there and I remember crying and he just carried on.

A: He asked if I was okay, I wasn't able to answer. I wasn't. I want able to articulate that. And he just carried on and it was just the weirdest thing ever because there was it's odd because there was a part of me that wanted to be there and wanted to want to be with him. But there was another part of me that was like, I don't think I want this and I don't think this is something I'd ever want. And I think I'm really aware there was a lot of work that I have to do before relationships were safe. It doesn't matter how old I am. I'm just really aware of just how much, you know, on an emotional and physical level that I have dealt with.

R: Yeah. That's so great to hear though, that you're committed to doing that to, I think you said you were in therapy. That's amazing. I hear so much within all of your answers of I'm working to understand me, I'm working to move beyond these experiences and it's so interesting to talk to you because you have so much insight and, but there's also, I pick up on a real enthusiasm for the future. I, um, I'm not sure if you agree, but there's a

wanting to understand it and move away from those experiences and grasp life. Um, yeah. And really well done you because you've got your house and you've got a great job.

A: And, and I think, I think it is sometimes quite difficult if I think about it in terms of, I feel like something was taken away from me in some of those situations, and I feel like it would be potentially easier to navigate being in relationship if I didn't have that backdrop of other stuff, if that makes sense. So in that sense, it feels like something's been taken away. Like I think if I didn't have my life experiences, then I may have settled down with someone by now. And at the same time, if I look at it in the sense of, do I want to share my space with someone else, do I, would I want children and have to deal with the responsibility?

A: The truth is no. So in some ways I don't feel like I've, anything's been kept from me that wasn't for me, but I have to remind myself of that because obviously a lot of my peers have children and partners and actually for me, I don't wanna share, I don't wanna share my bed with someone else.

A: It's not just, it's like, how am I going to starfish then how's that going to happen? Um, and again, I thought about, you know, the practicalities again of actually if I do, if I do date and we do live in the same house, that's fine. And I can also, I'm also brave enough to say actually I need my own room, not all the time, but just a space that I can be in that other people don't need to be in unless I choose for them to be in. And that doesn't mean that I won't then spend time in the shared space the majority of the time, but it means that I get to keep my own space.

A: And so don't worry, like I've thought about it. I'm not just keeping myself away from people.

R: I think you're incredibly self-aware as well, from the way you explain, um, from the way I experience you incredibly self-aware, I'd say, yeah, you practiced discernment as well, really well. And they can only be good things. I think, I think you've got so much insight. Um, but a willingness as well, I pick upon a willingness to want to understand yourself, to want to, um, understand some of the experiences. And I think that that's really good, that can only be of benefit

R: Okay. Well, I honestly I'm, I'm so grateful for your deep insightful answers. They're, they're so valuable as you say, you know, you've given me some, some really, really good, um, insights into your experience. Um, and it'll be so valuable for the study. As I say, I will send you an email, um, a debrief form and I can include any, um, I can signpost you to any other relevant, um, support if you feel you need it after today.

A: Um, it might be helpful to have just in case. And it also means that if I know other people that are having moments where they need more support, then I can be helpful to others. Um, yeah, I know. I think for me, my fail safes are generally I have friends that I can mostly speak to quite good at distracting myself. Um, and I always have the Samaritans, I say always, I haven't called them for like a decade, but they're there. So, you know, I know, I kind of know I have options if that makes sense.

R: Yeah. Well I'll definitely send you that and, uh, agencies and, and places that you could go to, should you need to, and am I okay to check back in with you in a week's time, just especially with you, you telling me that the, the person involved is, is in the house. I'd really like to check in with you. hat okay? Yeah. Can I write down your number?

R: Okay. Oh, it's been lovely to speak with you. Thank you so much for taking part and your contribution.. You've given me so many great experiences to understand and to incorporate as part of the study. What I'll do is I'll be in touch in a week, as I say, this

will all be anonymised but transcribed. So it will all be written up, but it won't have anything that identifies you even where you work or anything. Um, and yeah, just thanks so much for, for your time.

Appendix 8 – Ethics application

Application for Ethical Approval

Section 1 – Applicant Details

1. Details of Applicant

Given Name Candice

Family Name O'Neil

1.1 Is this an application for a student research project?

☒ Yes

☐ No

Resubmission

1.2 Please indicate below:

☐ This is a NEW Application, not submitted before.

☐ This is a RESUBMISSION of the application to address issues raised by the reviewers.

☒ This is a resubmission to address MINOR AMENDMENTS.

Co-investigator/collaborator details

3 Are you the Principal Investigator? (Supervisors are usually the PI, unless the applicant is a doctoral student)

☒ Yes

☐ No

Section 2 – Details of proposed study

2.1 Project Short Study Title (max of 5-6 words)

Relational consequences of childhood sexual abuse

2.2 Project Full Time (This should be consistent on all documents relating to this research study)

Exploring the relational impact of CSA in the female adult survivor population in therapy; An existential perspective and phenomenological enquiry

2.3 Proposed start date (This must be a minimum of 10 working days after submission of your application to allow for the review process.)

2

2.4 Proposed end date

Aim(s)

2.5 Please state the main aim(s) and research question(s) with references and citations (where applicable.) (The word limit is 250 words)

The research title is as follows:

Exploring the relational impact of CSA in the female adult survivor population in therapy: An existential perspective and phenomenological enquiry

This informs the research question:

How do adult female survivors of recurrent episodes of non-familial CSA experience relatedness with others in their social world?

I aim, through phenomenological exploration, to explore, for female CSA survivors in therapy, the relational impact of their experience from an existential perspective. The literature review and background have demonstrated the negative outcomes for survivors. However, the meaning or importance of relationships has not been addressed, nor the potential role of existentialism for the survivor. Pitchford (2009) claimed that many contemporary approaches to trauma are flawed with narrow focus on symptom management, as opposed to identifying the self-imposed barriers that individuals have in expressing their freedom and choices. Psychotherapeutics has challenged typical therapeutic interventions relating to Trauma, for example, the Trauma informed approach is described as realising the widespread impact of trauma and examines paths to recovery. Although this structured approach acknowledges the whole life impact and aspects of lived experience following trauma, it does not facilitate a holistic exploration of meaning/meaning making or tenants of existentialism, phenomenological experience or illuminate the extent of relational challenges.

The aim of the research is to explore the interpersonal and relational realm. The research will ask participants to explain their experience of relationships, currently as an adult, whilst also reflecting on how they interact with people in their world. The focus is on their current state of being, but will use exploration of prior adult experiences to build an understanding of how they experience connectedness to others in their adult life and the meaning of relationships to them. This will focus on their experience and current perspective of friendship and loving relationships.

The proposed study seeks to fill this gap by utilising an Existential-phenomenological approach to the research. with a structural orientation that aims to reveal the essential general meaning structure of a given phenomenon in answer to the implicit research-guiding question: What is it, essentially? (Von Eckartsberg, 1998). I aim to recognise the subjective, experiential lifeworld of participants' experiences in depth (Patton, 2002).

References:*

Patton, M. (2002). *Qualitative research and evaluation methods*. Sage Publications, Inc.

Pitchford, D. B. (2009). The Existentialism of Rollo May: An Influence on Trauma Treatment. *Journal of Humanistic Psychology*, 49(4), 441–461.

von Eckartsberg R. (1998) Existential-Phenomenological Research. In R. Valle (Ed.), *Phenomenological Inquiry in Psychology*. Springer.

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6 Would you like to include a document with further information?

☐ Yes

☒ No

Section 2 - Summary of research study and rationale

2.7 Please provide full details of the method(s), study design, data to be collected, how data will be obtained, with rationale and information about participants, hypotheses, data analysis and benefits of the research, with references and citations (where applicable)

Methodological approach:

In this exploratory research, the optimal way to explore the phenomenon and address the knowledge deficit of relational experiencing in survivors of CSA, is by using a phenomenological method. The exact method of phenomenology to be used will be Hermeneutic Interpretive Phenomenology (Van Manen, 1984). The concern of this is not to establish norms or methods, which would purport to help us overcome or eradicate aspects of such finitude, but to illuminate the limitations from previous research (Liakos & George, 2019). This means exploring the meaning of Being for CSA Survivors within their unique social world. Van Manen (2007) claims that phenomenology formatively informs, reforms, transforms, performs, and preforms the relation between being and practice. I aim to utilise this to strengthen an embodied ontology, epistemology, and axiology of thoughtful and tactful action.

Danermark *et al.*, (2002) state that true occurrences are often different from what is observed at the empirical level, which aligns with my practical experience and literature review findings of relational challenges for the individual after CSA experiences. This provides justification for an open phenomenological exploration of the impact of this for the individual. Heidegger (1962) discussed that

“each of us is in each case” is constituted as a heteronomous and co-existential entity and it is important to articulate an understanding of coexistence beyond co-presence as the method through which existence is accessed. Therefore, consideration of coexistence encapsulates the proposed study.

Heidegger (1962) argues that “the key to meaning cannot lie in empirical observation of the actual psychological processes that constitute our thoughts”. This research aims to illuminate meaning attributed to relational challenges and not merely be limited to understanding ways in which an individual experiences relationships following CSA. For the survivor of CSA, relational behaviour within their social world can be explored for variance of lived experience, which the proposed study seeks to do through an existential orientation. Byrne (2016) states that it is not possible to establish universal social laws, but the unique lived experience of relationships should be understood dynamically. van Manen (1997) describes human experience as more complex than the result of a singular description, with an inevitable element of the ineffable to life.

Crotty (2003) encourages researchers to situate research within a broader theoretical framework that will inform the overall approach. This research will be situated within the epistemological orientation of Critical Realism (CR). Moreover, a central tenant of CR is realism ontology; an inquiry into the nature of things. Ontological realism asserts that much of reality exists and operates independently of our awareness or knowledge of it. This aligns with my practical experience of relational challenges as causal links to CSA experiences. The individuals’ relational challenges may be concealed or the individual unaware of the challenges that integration into the social world presents to them. Bhaskar (2008) proposes a stratified ontology that differentiates between three layers of reality: the empirical (what we know through our senses), the actual (all events, including those we do not know about) and the real (underlying causal mechanisms that generate events).

Study design:

The chosen method is van Manen’s method of Hermeneutic Interpretive phenomenology (van Manen, 1984). The research intent is therefore consistent with van Manen’s Hermeneutic Interpretive Phenomenology (van Manen 2017). The researcher is an active phenomenologist seeking to be embedded in the research and interpret the meaning to the individual. Van Manen’s method includes four concurrent procedural activities; (a) Turning to the Nature of Lived Experience; (b) The Existential Investigation; (c) Phenomenological Reflection; and (d) Hermeneutic Phenomenological analysis. Formal data collection occurs during the existential investigation and data analysis primarily during phenomenological reflection and hermeneutic phenomenological writing. Van Manen (1997) suggests six research activities are required (in dynamic interplay) as part of Hermeneutic Phenomenology:

Turning to a phenomenon which seriously interests us and commits us to the world

Investigating experience as we live it rather than as we conceptualise it

Reflecting on the essential themes which characterise the phenomenon

Describing the phenomenon through the art of writing and rewriting

Maintaining a strong and oriented pedagogical relation to the phenomenon

Balancing the research context by considering parts and whole

Data collection and how it will be obtained:

A semi-structured interview schedule with prompts will allow the interviewee to express their individual beliefs, understandings, values, experiences and opinions in relation to the phenomena being explored (Byrne, 2016). This free expression of experiences is consistent with the chosen methodology. Van Manen (2014) encourages conversational interviewing. Conversational interviewing is a more flexible interview format than structured interviews. Consistent with the epistemological position, Heidegger (1971), in his “On The Way to Language” essay, describes how being open to the ‘other’ allows a dialogue that is fluid and dynamic, and that uncovers, rather than represents.

Interviews will be conducted by the primary investigator. They will be conducted remotely via an internet platform such as zoom, Interviews will be recorded digitally and stored on a password protected file on the researcher’s private computer. Transcripts will only be used for the purpose of the study and will be anonymised. Handling of personal data will be done only by the researcher. All data will be stored in accordance with NSPC guidance.

	Question	Prompts
1.	Can you tell me why you were interested in taking part in this research?	What appeals to you about the study?
2	Can you tell me about your social relationships?	Who does it consist of? Throughout your adult life until this point and now? What value do you place on relationships in your social world?

3	How would you describe your relationships?	Do you feel you have or have had close relationships? Have you experienced friendships and/or loving relationships? If so how would you describe experiencing this? What is it like for you to be in a friendship or a relationship? Do you have similar experiences in other relationships? What similarities did you find and how often did you find them? How do you make sense of this?
4	How do you feel your interactions with others affect you?	How do you reflect on yourself through your friendships or intimate relationships? Have you had relationships that have ended or broken down? If so, how do you feel about this? Did you learn anything about yourself from the experiences? Would you like to make any changes to how you relate to others and if so what would that mean?

Participants

Self-identification of CSA is consistent with the epistemology of the proposed study. The sample selection is designed to allow exploration, but also minimise the risk of re-traumatisation or destabilisation. I will use a criterion sampling approach, whereby participants must meet a set of inclusionary criteria to be included (Creswell, 2007). This purposeful sample aims to achieve homogeneity to facilitate exploration in depth (Morrow & Smith 1995). I will recruit 8-10 women aged 25-60 years old who self-identify as having experienced CSA. As distinct from psychological and physical abuse in childhood, CSA is most commonly perpetrated by individuals other than the survivors' parents (ONS 2016). To reflect this and the fact that the wider social realm is to be explored, survivors of non-familial perpetrators will be selected.

Participants will not be excluded on the basis of their personal or medical history, however they will be assessed to determine if they are currently psychologically distressed or vulnerable. If currently psychologically distressed, they will be excluded to reduce the risk of re-traumatisation as a possible consequence of participating in the study. Conversational questions and prompts will be used to gauge whether a potential participant is currently psychologically distressed. These include:

	Question	Possible prompts
1.	How are you feeling?	How is your day/week going? Has anything significant or serious happened recently? How are you feeling about this? How are you sleeping? How is your mood?

2	Having read the information about the study do you feel comfortable to go ahead?	Does participating in the study worry or concern you? Do you feel able to talk about your social relationships?
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Participants must be engaged in regular personal therapy at the time they participate in the study. However, it is acknowledged that this may be for reasons unrelated to their experience of CSA. They will be signposted to suitable further specialist support if necessary. Information regarding this can be provided before the interview, and will be provided as part of their debrief and during a follow up phone call one week after their interview.

Inclusion Criteria	
Gender	Female
Age	25-60
Age CSA experienced	8-16
Therapeutic support prior to study commencement	Must currently be receiving therapeutic support, although it is acknowledged this could be for reasons other than having experienced CSA
Type of sexual abuse	Single occasion
Relationship with perpetrator	Non-familial or primary care giver and no ongoing contact
Current psychological state	No evidence of current psychological distress

Data analysis:

Hermeneutics is the system by which the deeper significance is revealed. There can be no universal canons, but only separate and opposing theories concerning the rules of interpretation, so as no experience can ever be hermeneutically reproducible, nor can any interpretation (Ricoeur, 1976; 2008). Hermeneutic methods require the researcher to move in a 'hermeneutic circle' between part of the text and the whole of the text, to establish truth by discovering phenomena and interpreting them (Langdrige, 2007). This study will utilise the Reflexive Hermeneutic Research Approach derived from Ricoeur (1981) and Gadamer (1976). By utilising this method during the research analysis stage, meaning will be derived from the dialogue between researcher and participant (Prasad, 2002). I will engage with and continue this process throughout (Harvey & Myers, 2002).

Every meaning will be constructed, even through the very constructive act of seeking to deconstruct, and the process whereby that textual interpretation occurs must be self-critically reflected on (Ricoeur, 1976; Harvey & Myers, 2002). The inclusion of Ricoeur's critical self-reflexivity was an important element in this research study. It encourages continually checking and rechecking the appropriateness of the analysis against the gradually evolving meanings derived from the data.

Benefits of the research:

The phenomenological existential exploration of CSA survivors' experiences has a number of benefits to the study of these experiences. Firstly, it gives survivors voices, promotes autonomy, agency and potential post traumatic growth. Secondly, it facilitates new and deep understanding of lived experiences of the meaning of relationships and how people make sense of their social world after CSA experiences. This will add to the very limited body of existing research from both an existential lens using their own narrative account.

This proposal has been informed by research findings, professional interest and the professional knowledge of research supervisors affiliated to NSPC. I hope to have demonstrated a commitment from the research planning stage to the completion of the research project to ensure best practices in research procedures and strategy. I have kept a detailed log of all communications with research supervisors and have worked in collaboration with them. I will adhere to NSPC policy for research projects. In addition to this, I have kept a diary detailing my thoughts and ideated feelings in relation to the proposed research.

References:*

Adams, J., Mrug, S., and Knight, D. C. (2018). Characteristics of Child Physical and Sexual Abuse as Predictors of Psychopathology. *Child Abuse & Neglect*, 86, 167–177.

Bhaskar, R. (2008). *A realist theory of science*. Routledge.

Byrne, B. (2016). Qualitative Interviewing. In C. Seale (Ed.), *Researching Society and Culture* (4th ed., pp. 217-236). Sage Publications Ltd.

Creswell, J.W. (2007). *Qualitative inquiry & research design: Choosing among five approaches* (2nd ed.). Thousand Oaks, CA: Sage Publications, Inc.

Crotty, M. (2003). *The Foundations of Social Research: Meaning and Perspectives in the Research Process* (3rd ed.). Sage Publications, Inc.

Danermark, B., Ekström, M., Jakobsen, L., & Karlsson, J. C. (2002). *Explaining society: An introduction to critical realism in the social sciences*. Routledge.

Gadamer, H. G. (1976). *Philosophical hermeneutics*. University of California Press.

Harvey, L. J. & M. D. Myers, (Eds.) (2002). Scholarship and Practice: The Contribution of Ethnographic Research Methods to Bridging the Gap in *Qualitative Research in Information Systems: A Reader*. Sage Publications Inc.

Heidegger, M. (1962). *Being and Time*. (J. Macquarrie, & E. Robinson, Trans.). Harper and Row.

Heidegger, M. (1971). *Poetry, language, thought*. Harper & Row.

Langdrige, D. (2007). *Phenomenological psychology: theory, research and method*. Pearson Education Ltd.

Liakos, D. & George, T. (2019). Hermeneutics in Post-War Continental European Philosophy. In K. Becker & I. Thomson (Eds.), *The Cambridge History of Philosophy, 1945-2015* (pp. 399-415). Cambridge University Press.

Morrow, S. L., & Smith, M. L. (1995). Constructions of survival and coping by women who have survived childhood sexual abuse. *Journal of Counselling Psychology*, 42 (1), 24-33.

Office for National Statistics (2016). *Abuse during childhood: Findings from the Crime Survey for England and Wales, year ending March 2016*. ONS.

Ricoeur, P. (1976). *Interpretation theory: Discourse and surplus of meaning*. Christian University Press.

Ricoeur, P. (1981). *Hermeneutics and the human sciences*. Cambridge University Press.

Ricoeur, P. (2008). *From text to action*. Continuum.

van Manen, M. (1984). Practicing Phenomenological Writing. *Phenomenology + Pedagogy*, 2 (1), 36-69.

van Manen, M. (1997). *Researching lived experience: Human science for an action sensitive pedagogy* (2nd Ed.). The Althouse Press.

van Manen, M. (2007). Phenomenology of Practice. *Phenomenology & Practice*, 1, 11-30.

van Manen, M. (2014). *Phenomenology of Practice: Meaning-Giving Methods in Phenomenological Research and Writing* (1st ed.). Routledge.

van Manen, M. (2017). But Is It Phenomenology? *Qualitative Health Research*, 27(6), 775–779.

Weiss, D. S. (2007). The Impact of Event Scale: Revised. In J. P. Wilson & C. S.-k. Tang (Eds.), *Cross-cultural assessment of psychological trauma and PTSD* (pp. 219–238). Springer Science + Business Media.

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☐ Yes

☒ No

Section 3 – Method(s) and Data Source(s)

3.1 **Step 1:** Please indicate design/methods included in the study (Please tick all that apply)

- ☐ Simulation, computational, theoretical research, product design/build
 - ☐ Analysis of existing/available data e.g. digital forensic investigation techniques etc.
 - ☐ Case study (in-depth investigates of a single person, group, event or community, may require observations and interviews)
 - ☐ Direct observation(s) and/or taking photographs, video recordings etc. of participants
 - ☐ Action research, insider/participatory research, ethnography
 - ☐ Questionnaire(s)
 - ☒ Interview(s) / Focus group(s)
 - ☐ Field study
 - ☐ Lab-based study (excluding computer lab)
 - ☐ Experiment/quasi-experiment (e.g., with control groups/interventions)
-

3.2 **Step 2:** Please indicate data source(s) below. (Please tick all that apply)

- ☐ Simulation, computational, theoretical research, product design/build
- ☐ Existing/archived data or documents, e.g., from UK Data, external organization, internet site, social media site, mobile device(s), app(s) etc.
- ☐ Human participant(s) – children (under 18yrs), vulnerable adults or with impaired mental capacity to give consent
- ☒ Human participant(s) – non-vulnerable groups, but may include adults in an unequal power relationship to the researcher e.g., students/employees
- ☐ Human participant – ONLY my own data (e.g., personal data)
- ☐ Archived human tissue samples stored under MU HTA licence

- ☐ Collective or use of human tissue/products (e.g., blood, saliva)
- ☐ Genetically modified/engineered organisms (GMO's)
- ☐ Primary human cell lines (directly cultured from their source organ tissue or blood cells)
- ☐ Imported human and or non-human samples
- ☐ Human or non-human materials requiring transfer between UK Institutions
- ☐ Materials from UK tissue banks
- ☐ Animal(s) or animal parts (not included in above categories)
- ☐ Flora, foliage, minerals or precious artefacts

Section 3 – Risk Assessment to be completed by ALL Applicants

Evaluation of risk level - The level of risk will determine the number of reviewers required to consider your research ethics application. (A higher risk application does not mean that the application will not be approved)

3.3 'Higher Risk' research ethics applications include the following activities. Please tick whether your research involves any of the following:

- ☐ Animal or animal parts
- ☐ Genetically modified / engineered organisms
- ☐ Possibility of causing serious harm to others or the environment
- ☐ Primary cultured human cells (not commercially available)
- ☐ Collection/analysis of human tissue/blood
- ☐ Non-compliance with legislation
- ☐ Potential to adversely affect the reputation of the university
- ☐ Concerns security sensitive research e.g., terrorist or extreme groups
- ☐ Radioactive materials
- ☐ Drugs, placebos or other substances (e.g., food, caffeine) given to participants
- ☐ Adults who lack mental capacity to give consent
- ☒ None of the above

Research Location

3.4 Will the research, or any part of it, require travel to another country?

☐ Yes

☒ No

3.5 Will this research require in-country travel and/or be conducted in a location that may present potential hazards? (e.g., fieldwork)

☐ Yes

☒ No

Approval from an External Research Ethics Committee

3.6 Do you HAVE evidence of research ethics committee approval from an EXTERNAL UK Research Ethics Committee for this research study? (e.g., another Higher Education Institution etc.)

☐ Yes

☒ No

☐ N/A

Section 3 - Supporting Research Conducted by an External Organisation within Middlesex University

3.7 Is this research being conducted within Middlesex University by an EXTERNAL organization?

~~Research conducted within Middlesex University by other Higher Education Institution (HEI) or organization which requires access to data for/about Middlesex University staff and/or student's needs to be supported by a Middlesex University Senior Manager or delegate.~~

☒ No

☐ Yes, and I can upload the Middlesex letter of agreement for support and access now

☐ Yes, a letter of agreement is required, but this will be provided after Middlesex ethics approval is obtained. I have a letter confirming this requirement which I can upload.

Compliance with Existing Legislation

3.8 Will you ensure that the data/outputs from the research (e.g., products, guidelines, publications etc.) will comply with existing legislations, e.g., not breach copyright, privacy, use of computer networks etc.

☒ Yes

☐ No

3.9 Could the data/outputs from the research (e.g., products, guidelines, publications etc.) cause harm to others directly, or through misuse?

☐ Yes

☒ No

Security Sensitive Categories

3.10 Does your research fit into any of the following security-sensitive categories? If so, indicate which:

☐ Commissioned by the military

☐ Commissioned under an EU security call

☐ Involve the acquisition of security clearances

☐ Concerns terrorist or extreme groups

☒ None of the above

Section 4 - Materials/Equipment

4.1 Would you like to upload further information/copies of materials/details of equipment to be used in the research?

☒ Yes

☐ No

Possible Issues

4.2 What possible data collection issues do you anticipate that have not been covered so far and how will these be managed?

The researcher is committed to ongoing reflective practices throughout the planning phase of this study as this is recognised to be fundamental to the quality and safety of the study. Careful consideration has been applied to the planning of data collection and potential issues have been identified. Potential issues include:

Participant drop-out: The researcher will recruit four extra participants in case any participants withdraw from the study during the early stages. All participants have the right to withdraw from the study to the point of analysis and this will be made clear to them during study advertisement and at the time of gaining consent. Therefore, recognising this means that the redundancy of having additional participants is necessary.

Technical issues for remote interviewing: For data collection conducted via the internet. The interviews will be recorded using the computer, which is password/fingerprint protected and encrypted. It has a continuous archived local backup facility, which is also encrypted, and password protected, and it is directly connected to the router via Ethernet. If this fails or there is internet failure, the computer can be connected to the internet via a mobile connection, or a combination of password/fingerprint protected mobile device or landline and voice recorder using an encrypted SD card (from which data can be transferred to the protected computer). The computer is kept in a secure room in the researcher's personal secure residence. Only she has access to the computer and knowledge of the required password and it is her fingerprint only that allows access to the computer/mobile device.

Confidentiality: Confidentiality for interviews via internet platforms will be ensured. The interviewee will ensure a confidential environment at her location and ask for assurance from the participant that this is the case at their location also. If a safeguarding issue arises this may necessitate the PI to intervene, with the support of appropriate stakeholder agencies (see section 6.3).

Section 5 - Incentives and Payments to Researchers

5.1 Are there likely to be any personal payments, benefits or other incentives that the Principal Investigator and/or other research collaborators may receive for conducting this research?

☐ Yes

☒ No

Section 6 - Safety Issues

6.1 Are there any adverse risks or safety issues (e.g., from potential hazards) that the research may present to you and/or for your participants or others?

☒ Yes

☐ No

Potential Impact of the Research

6.2 Are you going to be selecting data that may not accurately represent the wider data set and/or participants' views which may cause bias?

☐ Yes

☒ No

6.3 Please state any negative impact(s) that might result from your research, and how this might be managed?

Participants will be supported to share their experiences in a safe environment by the interviewer (PI). Occasionally questions might prompt an emotional response, however the interviewer will not be directly asking about traumatic experiences. The study does not aim to upset or cause uncomfortable feelings to participants, however due to the sensitive nature of the topic in some circumstances distress is a risk. Every measure is taken to avoid this for all participants during the research process. The interviewee is entitled/supported to skip any questions that inadvertently cause distress and they have the option to take a break or stop the interview altogether. Consent can be withdrawn at any point in the interview. A debrief session after the interview to discuss participants experience will be offered, this is not with the intent of providing therapy but can be used to provide details of support agencies or services should you a participant require or want further support.

The interviewer will use conversational prompts and consent to evaluate if a potential participant is psychologically distressed. If currently psychologically distressed, they will be excluded to reduce the risk of re-traumatisation. As distinct from psychological and physical abuse in childhood, CSA is most commonly perpetrated by individuals other than the survivors' parents (ONS 2016). To reflect this and the fact that the wider social realm is to be explored, survivors of non-familial perpetrators will be selected. Self-identification of CSA is consistent with the epistemology of the proposed study. Findings suggest that longer durations of abuse predict PTSD symptoms in females (Adams *et al.*,

1997). For this reason, survivors who have experienced single episodes of abuse only will be included.

This research involves a population group who have experienced significant prior distress, which means protection measures need to be put in place (BPS, 2021). By only selecting participants who aren't currently psychologically distressed, who are currently engaged in therapy and who were victims of single episodes of abuse by non-family members or primary care givers who they no longer have contact with, it is hoped that participants' risk will be minimised and that they will have access to and understanding of therapeutic processes.

As the purpose of the research is not to look at the abuse experience directly, it is unlikely that any safeguarding issues will arise, but it remains a possibility. A disclosure of non-recent abuse may reveal current risks to others from an alleged perpetrator. There may be current and ongoing risks posed by the alleged perpetrator and not sharing concerns room may mean that other children and young people could be at risk. Psychologists have a duty of care to their clients, and in the safeguarding of others (BPS, 2017). Action will be taken in accordance with guidance from the BPS (2016). If a safeguarding issue is raised with the PI, then she will discuss the best course of action with her research supervisor. As each participant will be engaged in current psychological support, if any safeguarding issues are revealed a collaborative approach would be taken to dealing with this issue with the stakeholder organisation or provider of counselling support.

The PI has experience of working in an organisation providing counselling services to survivors of CSA. As such, she has experience of adhering to safeguarding policies and adheres to the BPS practice and research guidelines (BPS, 2017; BPS, 2021). As such, she recognises that ultimately if a criminal offense is revealed, or a risk to others is identified, disclosure to the relevant authorities must occur and has experience of how to balance this need within the therapeutic relationship. The PI will follow the guidance published by the BPS (2016). This gives clear guidance on the appropriate course of action; how to support the participant (client) to report the abuse if they wish to themselves, how to report it with consent, and when to report it even if consent is not given. The organisations that reporting should occur to include local Multi-Agency Safeguarding Hubs, adult safeguarding teams or the Police, if immediate risk is identified. This would be done with full awareness of the participant, even if consent is not given. The PIS sheet identifies this as a possibility, so a potential participant would be aware of this prior to study enrolment.

The necessity of disclosure may be traumatic for the participant (BPS, 2016). As the participant will currently be in therapy, the provider of therapeutic support is best placed to provide support, or assess the need for further support. However, the PI will be able to signpost the participant to further support if needed following a follow up phone call one week after the research interview.

The PI and research supervisor both recognise the need to safeguard themselves (BPS, 2021). As well as having experience in the area they are both committed to regular engagement with clinical supervision. Practical measures will be put in place to ensure the PI's safety also (see accompanying risk assessment).

References:*

ms, J., Mrug, S., and Knight, D. C. (2018). Characteristics of Child Physical and Sexual Abuse as Predictors of Psychopathology. *Child Abuse & Neglect*, 86, 167–177.

sh Psychological Society. (2016). *Guidance document on the management of disclosures of non-recent (historic) child sexual abuse*.
<https://www.bps.org.uk/sites/www.bps.org.uk/files/Member%20Networks/Divisions/DCP/Guidelines%20for%20Psychologists%20on%20Disclosures%20of%20Historical%20Sexual%20Abuse.pdf>

sh Psychological Society. (2017). *Practice Guidelines* (3rd ed.).
<https://www.bps.org.uk/sites/www.bps.org.uk/files/Policy/Policy%20-%20Files/BPS%20Practice%20Guidelines%20%28Third%20Edition%29.pdf>

sh Psychological Society. (2021). *BPS Code of Human Research Ethics*.
<https://www.bps.org.uk/sites/www.bps.org.uk/files/Policy/Policy%20-%20Files/BPS%20Code%20of%20Human%20Research%20Ethics.pdf>

ce for National Statistics (2016). *Abuse during childhood: Findings from the Crime Survey for England and Wales, year ending March 2016*. ONS.

ss, D. S. (2007). The Impact of Event Scale: Revised. In J. P. Wilson & C. S.-k. Tang (Eds.), *Cross-cultural assessment of psychological trauma and PTSD* (pp. 219–238). Springer Science + Business Media.

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Section 7 – Research Funding and Resources

7.1 Is the research part of an application for external funding or already funded e.g., by the ESRC?

☐ Yes

☒ No

Resources for Research

7.2 Provide details of any additional resources required for your research (e.g., equipment, travel costs, devices needed to access data etc.) how these resources will be obtained, estimated costs and who is covering the cost.

The resources needed include, a computer, secure mobile device, internet connection, a voice recorder and software licenses. The computer, secure mobile device and voice recorder with encrypted SD card are already owned by the PI, so do not require additional costs and she pays for the internet connection. The necessary software licenses are provided by Middlesex University. In the event of the need to travel for interviews, dependent on the situation around the pandemic, the PI will be self-funded. After the study completion data will be stored with NSPC for 10 years.

Section 8 – Other Issues – to be completed by ALL Applicants

8.1 Does the research involve any ethical and/or legal issues not already covered that should be taken into consideration?

☐ Yes

☒ No

8.2 Are there any other documents you would like to attach?

☐ Yes

☒ No

Other Ethical and/or Legal Issues

8.3 Does the research raise any other risks to safety for you or others, that would be greater than you would encounter in everyday life?

☐ Yes

☒ No

Conflict of Interests

8.4 Are there any conflicts of interests to be declared in relation to this research?

☐ Yes

☒ No

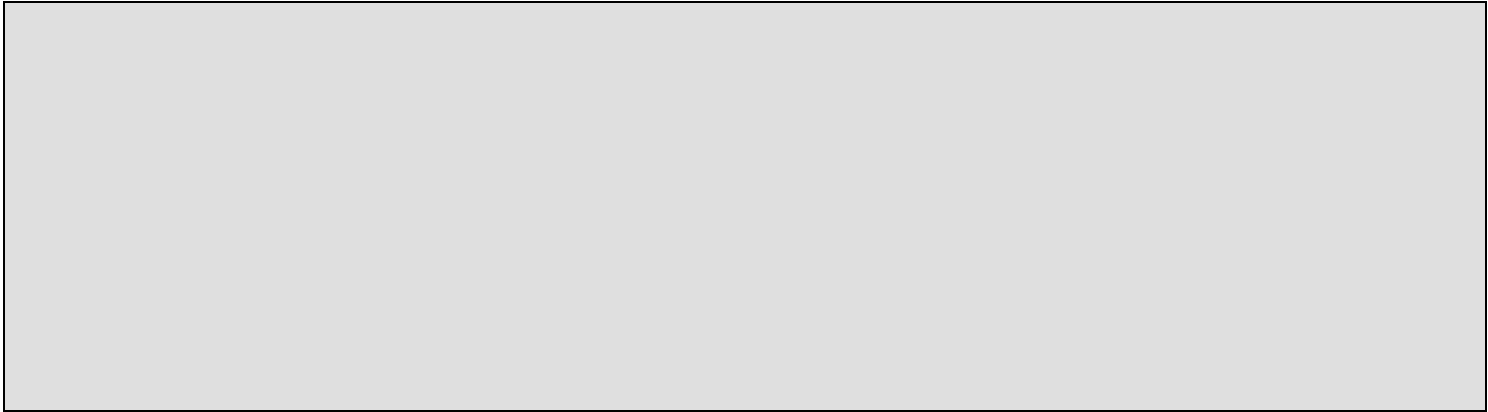
Section 8 - Data Management, Ownership and Intellectual Property

8.5 Who will be the owner of the data from this research?

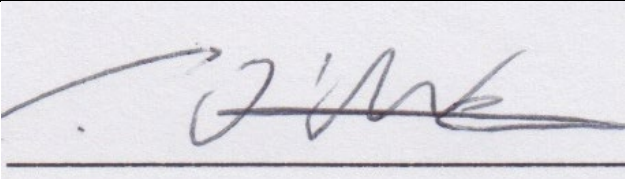

Usually the owner will be the Principal Investigator and the supervisor for undergraduate and master's level students' projects. Doctoral students are usually considered to be Principal Investigators and the owners of their data. However, such issues are worth clarifying and you may need to check who owns the data if collecting data within an organization.

As a Doctoral Student, Candice O'Neil will be the owner of the data

8.6 If there are any intellectual property issues regarding any documents or materials you wish to use, provide details below:



Signatures

Researcher		04/03/2022
Supervisor		17/01/2022
Chair of Ethics	Please ensure you enter an electronic / handwritten signature. (do not just type in name)	Click here to enter a date.

Appendix 9 – Intentionality vs Rationality

Intentionality vs Rationality

Fundamental to phenomenological psychology is the concept of intentionality. Loar (2003) reports that there are distinct and foundational roles for intentionality with regards to phenomenology and he posits that intentionality takes a form of subjective intentionality, psychological content with an intentional quality or phenomenal intentionality. Loar's (2003) position explains that there is not simply a general, presuppositional link between phenomenology and intentionality, but intentionality is thoroughly phenomenal and is manifest as the phenomenal content of a range of mental states within consciousness. This research aims to illuminate what these statements are seeking to describe the experience of experiencing.

The general content of an experience is not essential to the definition of a phenomenon. For instance, a participant's experience may relate to a relationship, a memory, or language. Inherently, it is not the experience itself that is being studied; it is the human consciousness of the experience. So, phenomenology is the study of this conscious experience itself (Moran, 2000). As Merleau-Ponty (1964, p. 54), describes "I come to something which is neither singular nor contingent—namely ... (our relationship) in its essence". This is firmly rooted in the philosophy of phenomenologists who maintain an interest in human experience, with intentionality allowing for investigation of how an object or event is consciously experienced rather than how it exists statically in isolation (Macann, 1993).

Heidegger resituated intentionality from a structure of the mind and into “the intentional structure of Dasein ... [as] being-in-the-world” (Klaskow, 2011, p. 98). This orientation of phenomenology and intentionality is optimally aligned with this research ontology, as for Heidegger the world is the meaning context and so the intentional relationship, or “comportment”, is this human-world relation (Klaskow, 2011). Humans engage actively in the sense-making and interpretation of the world. Heidegger (1998) reports that in phenomenology the world and/or phenomena cannot be reduced to our perceptions of them. He argued that many everyday activities do not involve mental intentional content to represent their conditions of satisfaction, but often involve an absorbed responsiveness to a situation. He also reports that all human activity, whether deliberate or absorbed is rooted in an orientation that makes directed activity possible. Furthermore, he defines one concerned being-in-the-world as an absorption into the world, which reflects the position of the researcher and participants involved in this study and the attempts to gain a deep understanding of the experience.

Cohen et al. (2007) broadly describe phenomenology as a theoretical point of view aiming to achieve the study of an individual’s experience due to human behaviour determined by the phenomena of experience rather than an objective, physically described reality that is external to the individual. van Manen (1997) refers to the “method”, “objectivity”, “subjectivity” and “understanding”, and the meaning of “description”, “analysis”, “interpretation” and other research terms as central to the meaning of human science and reports that they are to be understood within a rational perspective. Through the existential lens, this is aligned with this study as the individual sense-making around the phenomena can be explored in a manner that permits both the researcher and participant rational perspectives.